## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P96000000802 **DOCUMENT #**

1. Entity Name

HAIR DESIGN BY CINDY INC.



**FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90239 022 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Desired St.75 Additiona Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  FREDIANELLI, DOREEN C 97 NIEMIRA AVE, UNIT E INDIALANTIC FL 32903  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  SIGNATURE Signature, typed or preter hyere of registered agent and this if applicable (HOTE Registered Agent signature required when remotioning)  After May 1, 2003 Fee swill be \$550.00  Make Check Payable to Floridg Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE  NAME STREET ADDRESS  CITY-ST- 2P  ITILE  NAME STREET ADDRESS  CITY-ST- 2P  TITLE  NAME STREET ADDRESS  CITY-ST- 2P  Country  5. Certificate of Status Desired agent Address of New Registered Agent Status Desired Agent Status Address of New Registered Agent Status Address of New Registered Agent Status Address of New Registered Agent Status Address (P.O. Box Number is Not Acceptable)  State Address (P.O. Box Number is Not Acceptable)  State Address (P.O. Box Number is Not Acceptable)  FLL  Zip Code  City  FLL  Zip Code  State Address (P.O. Box Number is Not Acceptable)  (HOTE Registered Agent signature required when remotioning)  9. Election Campaign Financing Trust Fund Contribution.  State Address of New Registered Agent Address of New Registered Agent Agent Address (P.O. Box Number is Not Acceptable)  9. Election Campaign Financing Trust Fund Contribution.  Charge  State Address (P.O. Box Number is Not Acceptable)  Name State Address (P.O. Box Number is Not Acceptable)  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE  NAME STREET ADDRESS CITY-ST- 2P  TITLE  Charge Charges CITY-ST- 2P  Charge Charges CITY-ST- 2P  Charge Charges CITY-ST- 2P  Charge CITY-ST- 2P  Charges CITY-ST- 2P  Charges CITY-ST- 2P  Char	cipal Place of Business S. RIVERSIDE DR TE 140 IALANTIC FL 32903 Principal Place of Business	Mailing Address 97 NIEMIRA AVE UNIT E INDIALANTIC FL 32903 US 3. Mailing Address			
Zip Country Zip Country 5. Certificate of Status Desired St.75 Additiona Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  FREDIANELLI, DOREEN C 97 NIEMIRA AVE, UNIT E INDIALANTIC FL 32903  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  SIGNATURE Signature, typed or preter hyere of registered agent and this if applicable (HOTE Registered Agent signature required when remotioning)  After May 1, 2003 Fee swill be \$550.00  Make Check Payable to Floridg Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE  NAME STREET ADDRESS  CITY-ST- 2P  ITILE  NAME STREET ADDRESS  CITY-ST- 2P  TITLE  NAME STREET ADDRESS  CITY-ST- 2P  Country  5. Certificate of Status Desired agent Address of New Registered Agent Status Desired Agent Status Address of New Registered Agent Status Address of New Registered Agent Status Address of New Registered Agent Status Address (P.O. Box Number is Not Acceptable)  State Address (P.O. Box Number is Not Acceptable)  State Address (P.O. Box Number is Not Acceptable)  FLL  Zip Code  City  FLL  Zip Code  State Address (P.O. Box Number is Not Acceptable)  (HOTE Registered Agent signature required when remotioning)  9. Election Campaign Financing Trust Fund Contribution.  State Address of New Registered Agent Address of New Registered Agent Agent Address (P.O. Box Number is Not Acceptable)  9. Election Campaign Financing Trust Fund Contribution.  Charge  State Address (P.O. Box Number is Not Acceptable)  Name State Address (P.O. Box Number is Not Acceptable)  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE  NAME STREET ADDRESS CITY-ST- 2P  TITLE  Charge Charges CITY-ST- 2P  Charge Charges CITY-ST- 2P  Charge Charges CITY-ST- 2P  Charge CITY-ST- 2P  Charges CITY-ST- 2P  Charges CITY-ST- 2P  Char	uite, Apt. #, etc.	Suite, Apt. #, etc.	<u></u>	CHECK HERE IF MAKING CHANGES	
S. Cellinicate of Statuto Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  FREDIANELLI, DOREEN C  97 NIEMIRA AVE, UNIT E INDIALANTIC FL 32903  City  FL Zip Code  FEED Agents agents with, in the State of Florida. I am familiar with, and a check agent agent are familiar agent agent agent are familiar agent ag	Dity & State	City & State	,	4. FEI Number 59-3354091	Applied For Not Applicable
FREDIANELLI, DOREEN C 97 NIEMIRA AVE, UNIT E INDIALANTIC FL 32903  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a control the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE* S 150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  FREDIANELLI, DOREEN C 10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE  D FREDIANELLI, DOREEN C STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  Delete  TITLE NAME STREET ADDRESS CITY-ST-2IP  CITY-ST-2IP  TITLE STREET ADDRESS CITY-ST-2IP  TITLE STREET ADDRESS CITY-ST-2IP  TITLE STREET ADDRESS CITY-ST-2IP  CITY-ST-2IP  TITLE STREET ADDRESS CITY-ST-2IP  CITY-ST-2IP  CITY-ST-2IP  TITLE STREET ADDRESS CITY-ST-2IP  CITY-ST-2IP  CITY-ST-2IP  CITY-ST-2IP  CITY-ST-2IP  CITY-ST-2IP  TOTAL ADDRESS CITY-ST-2IP  CITY-ST-2IP	ip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Signalus, Speaker printed generation of registered agent.  Signatus, Speaker printed generation of registered age	6. Name and Address	urrent Registered Agent	News	7. Name and Address of New Registr	ered Agent
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a state of registered agent.  Signature. Description of registered agent and with if applicable.  Signature, byped or printed injents of registered agent and with if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$55.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Change  Chan	97 NIEMIRA AVE, UNIT E			(P.O. Box Number is Not Acceptable)	
The obligations of registered agent.  Signature. Signature. Lyped or printed pame of registered agent and title if applicable.  FILE NOW!!! FEE S \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE  D Delete  FREDIANELLI, DOREEN C 97 NIEMIRA AVE, UNIT E INDIALANTIC FL 32903  TITLE  NAME STREET ADDRESS CITY-ST-2IP	<b>3</b>		'		
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS	ne obligations of registered agent.  NATURE Signature, typed or printed hame of the state of the	ed agent and title if applicable. (NOTE		ed when reinstating)  9. Election Campaign Financin	DATE \$5.00 May Be
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TITLE         Delete         TITLE         Change         Change           NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Change <th>FREDIANELLI, DOREE 97 NIEMIRA AVE, UNI</th> <th></th> <th>TITLE NAME STREET ADDRESS</th> <th>ADDITIONS/CHANGES TO OFFICERS</th> <th></th>	FREDIANELLI, DOREE 97 NIEMIRA AVE, UNI		TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	
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TITLE         Delete         TITLE         Change         NAME           NAME         NAME         STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP	E Et address	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition
TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	E Et address -St-zip		NAME STREET ADDRESS CITY-ST-ZIP		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an ollicer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: