FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90343 027 ***150.00

DOCUMENT # P96000057008

1. Entity Name

SCISSORHANDS HAIR DESIGN INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17240-7 S. TAMIAMI TR.	S.A.A.
Suite Apt. #, etc.	Suite Apt. #, etc.
City & State: FT. MYERS, FL.	City & State
Zip: 33908 / Country: LEE	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0681893 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: **ELLA DAVENPORT**

Street Address (P.O. Box Number is Not Acceptable): **17240-7 S. TAMIAMI TR.**

City: **FT. MYERS,** **FL** Zip Code: **33908**

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.

SIGNATURE: **ELLA DAVENPORT**
(Typed or printed name of individual signing) (If agent is changing registered agent) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: ELLA DAVENPORT STREET ADDRESS: 17240-7 S. TAMIAMI TR. CITY-ST-ZIP: FT. MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VICE PRESIDENT NAME: DONALD DAVENPORT STREET ADDRESS: 17240-7 S. TAMIAMI TR CITY-ST-ZIP: FT. MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034R (12/01)

13. 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **ELLA DAVENPORT** **2-7-02**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Typed or Printed