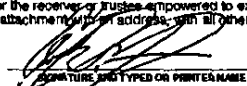


**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90139 035 \*\*\*150.00

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000057008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                        |
| 1. Entity Name<br><b>SCISSORHANDS HAIR DESIGN, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    |                                                                                                                                         |
| Principal Place of Business<br>17240-7 SO TAMiami TR<br>FORT MYERS, FL 33908 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    | Mailing Address<br>17240-7 SO TAMiami TR<br>FORT MYERS, FL 33908 US                                                                     |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    | 3. Mailing Address                                                                                                                      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    | Suite, Apt. #, etc.                                                                                                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    | City & State                                                                                                                            |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                                                                                                            | Zip Country                                                                                                                             |
| 4. FEI Number<br><b>65-0681893</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    | Applied For<br>Not Applicable                                                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    | \$8.75 Additional Fee Required                                                                                                          |
| 6. Name and Address of Current Registered Agent<br><b>DAVENPORT, ELLA<br/>17240-7 SO TAMiami TR<br/>FORT MYERS, FL 33908</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                                         |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                                                                                                                                         |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    | \$5.00 May Be Added to Fees                                                                                                             |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                    |                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>P<br/>DAVENPORT, ELLA<br/>17240-7 SO TAMiami TR<br/>FORT MYERS, FL 33908</b> <input type="checkbox"/> Delete    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>VP<br/>DAVENPORT, DONALD<br/>17240-7 SO TAMiami TR<br/>FORT MYERS, FL 33908</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered. |                                                                                                                    |                                                                                                                                         |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    | <b>51-03(239)-454-8005</b>                                                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    | <small>Date Daytime Phone #</small>                                                                                                     |

90134516



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)