FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 07, 2002 8:00 am Secretary of State P96000078513 **DOCUMENT#** 1. Entity Name 04-07-2002 90060 038 ***150 00 HAIR WE GO AGAIN ORLANDO, INC. Principal Place of Business Mailing Address 2249 N CITRUS BLVD 2404 SWEET HEART LN PENSACOLA FL 32526 LEESBURG FL 34748 US US 2. Principal Place of Business 3. Mailing Address SHJ E'K Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3394330 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UNDERWOOD, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 2404 SWEET HEART LANE PENSACOLA FL 32526 8. The above named entity-sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE TITLE Change Delete 3421 E, Kingsfield P ROGERS, W W III NAME NAME STREET ADDRESS 3188 E COLONIAL DRIVE STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition 2404 Sweet Heart underwood, robert w NAME NAME STREET ADDRESS 3188 E COLONIAL DRIVE STREET ADDRESS fensacoa, FL 32526 ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 Block 12 if