FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P96000086023*

1. Entity Name
SHARP IMPRESSIONS BEAUTY SALON

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4813 N ST RD 7
Suite, Apt. #, etc.
LAUDERDALE DALE C
City & State
Lakes
Zip 33319   Country USA

3. Mailing Address
4313 N St RD. 7
Suite, Apt. #, etc.
City & State
LAUDERDALE LAKES Fl.
Zip 33319   Country USA

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4. FEI Number — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)   DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	TITLE
NAME Blossom Dickenson	NAME
STREET ADDRESS 4313 N ST RD 7	STREET ADDRESS
CITY-ST-ZIP LAUDERDAL LAKES Fl 33319	CITY-ST-ZIP
TITLE OWNER	TITLE
NAME Blossom Dickenson	NAME
STREET ADDRESS 4313 N St RD 7	STREET ADDRESS
CITY-ST-ZIP LAUDERDALE LAKES Fl 33319	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
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CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 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 on an attachment with an address with all other like empowered.

SIGNATURE: Blossom Dickenson   5/9/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #