

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010518

1. Entity Name

LOOSE ENDS STYLES AND BRAIDS UNLIMITED, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90125 043 ***150.00

00052808



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6845 W COLONIAL DRIVE ORLANDO FL 32818	Mailing Address 6845 W COLONIAL DRIVE ORLANDO FL 32818
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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	59-3429808	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GRAYBILL, DEIDRE W 1307 N ENKA WAY ORLANDO FL 32818	

7. Name and Address of New 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.	
SIGNATURE	Deidre W Graybill President
(NOTE: Registered Agent signature required when reinstating)	
DATE	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	P
NAME	GRAYBILL, DEIDRE W
STREET ADDRESS	1307 N ENKA WAY
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	VP
NAME	GRAYBILL, CLARENCE
STREET ADDRESS	1307 N ENKA WAY
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE:	Deidre W Graybill President	Date	4/29/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/00)