

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90130 040 ***150.00

DOCUMENT # P97000010856

1. Entity Name
MICHAEL LAWRENCE HAIR STUDIO, INC.



Principal Place of Business
**3404 S DALE MABRY HIGHWAY HWY
SUITE A
TAMPA FL 33629
US**

Mailing Address
**5000 CULBREATH KEY WAY
TAMPA FL 33629
US**



2. Principal Place of Business
4002 S. MACDILL AVENUE
Suite, Apt. #, etc.

3. Mailing Address
702 SEAGATE DRIVE
Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number **59-3425320**

Applied For
Not Applicable

Zip **33611** Country **HILLSBOROUGH**

Zip **33602-5749** Country **HILLSBOROUGH**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYNOLDS, BARBARA J E.A.
2002 NORTH LOIS AVE
STE 160
TAMPA FL 33607**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LAWRENCE, MICHAEL S**
STREET ADDRESS **5500 CULBREATH KEY WAY #8208**
CITY-ST-ZIP **TAMPA FL 33611-3050**

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS **702 SEAGATE DRIVE**
CITY-ST-ZIP **TAMPA, FLORIDA 33602-5749**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)