FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90735 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013432

1. Entity Name
HAIRCRAFTERS OF BUSHNELL, INC.

90120042

Principal Place of Business	Mailing Address
SO. SUMTER PLAZA 980 NORTH MAIN BUSHNELL, FL 33513 US	7201 METRO BLVD. MINNEAPOLIS, MN 55439-2103 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 7201 Metro Blvd.	Suite, Apt. #, etc.
City & State Minneapolis, MN	City & State
Zip 55439 Country	Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3366239 ☐ Applied For ☐ Not Applicable

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
GREAT EXPECTATIONS PRECISION HAIRCUTTERS O F UNIVERSITY MALL, INC. 7171 N. DAVIS HIGHWAY PENSACOLA, FL 32504	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 _____ (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FINKELSTEIN, PAUL 7201 METRO BLVD. MINNEAPOLIS, MN 55439	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD GROSS, BERT 7201 METRO BLVD. MINNEAPOLIS, MN 55439	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Bert M Gross 7201 Metro Blvd Minneapolis, MN 55439	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOLATKAR, SHRINIVAS 7201 METRO BLVD. MINNEAPOLIS, MN 55439	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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

SIGNATURE: _____ Shrinivas Kolatkar 4-23-03 952-947-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #