


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90716 004 ***150.00

DOCUMENT # 997000029879	
1. Entity Name HAIR JUNCTION, INC	

11039644

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2447 N. WICKHAM RD		3. Mailing Address 2447 N. WICKHAM RD	
Suite, Apt. #, etc. SUITE 122		Suite, Apt. #, etc. SUITE 122	
City & State MELBOURNE FL.		City & State MELBOURNE, FL.	
Zip 32935	Country FLORIDA	Zip 32935	Country FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3435646	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name MC AREE GEORGE L.	
	Street Address (P.O. Box Number is Not Acceptable) 2447 N. WICKHAM RD.	
	City MELBOURNE FL Zip Code 32935	

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 NAME STREET ADDRESS CITY-ST-ZIP	VO MC AREE GEORGE L. 1814 WOODBURN CIRCLE MELBOURNE, FL. 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HALL, ANGELA 3565 CHANCELLORSVILLE AVE MELBOURNE, FL. 32934	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03 321 2590580

Date

Daytime Phone #

CR2E034B (12/02)