

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90686 043 ***150.00

DOCUMENT # P97000045034

1. Entity Name
HAIR TRANSPLANTATION MANAGEMENT, INC.

Principal Place of Business
P O BOX 514900
LAKEWORTH FL 33454
US

Mailing Address
P O BOX 514900
LAKEWORTH FL 33454
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
272 Village Blvd #7203
 Suite, Apt. #, etc.

3. Mailing Address
272 Village Blvd
7203
 Suite, Apt. #, etc.

City & State
Tequesta, FL

City & State
Tequesta, FL

4. FEI Number
65-0756923

Applied For
 Not Applicable

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

Zip
33469

Country
USA

Zip
33469

Country
USA

6. Name and Address of Current Registered Agent
RISER, CAROLE A
1900 S OCEAN BLVD #10 G
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent
 Name
George P. Merling
 Street Address (P.O. Box Number is Not Acceptable)
272 Village Blvd #7203
 City
Tequesta **FL** Zip Code
33469

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 **George P. Merling** **Carole A. Riser** **04-29-02**
Signature, typed or printed name of registered agent and title if applicable. (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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MERLING, GEORGE P P O BOX 514900 LAKE WORTH FL 33454 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 272 Village Blvd #7203 Tequesta, FL 33469 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RISER, CAROLE A 1900 S OCEAN BLVD #10 G POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MERLING, GEORGE P P O BOX 514900 LAKE WORTH FL 33454 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RISER, CAROLE A 1900 S. OCEAN BLVD #10G POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: **George P. Merling** **04-29-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E034 (9/01)

Attachment
P92000045034
#16407

Dear Sir:

I have been out of the country for three months + just returned.

Carole A. Rini quit the corporation while I was out of the country + moved.

Three - You can see the report was forwarded two times to reach me.

I have done my best to file on time.

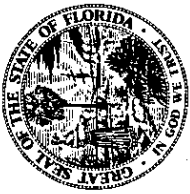
If this is not satisfactory, please return my check + close down the corporation.

George P. Marling

Cell - day Tami 561-309-2742

Home

561-747-0380



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State

DIVISION OF CORPORATIONS
 P.O. Box 6327
 Tallahassee, Florida 32314

FIRST-CLASS MAIL
 U.S. POSTAGE PAID
 FLORIDA DIVISION OF CORPORATIONS
 4437



(D)

TO: 0648134 SP **SGLP 1201 33454



P9700045034

HAIR TRANSPLANTATION MANAGEMENT, INC.

P.O. BOX 514900

LAKEWORTH FL 33454
 US

Attachment
 # P97000045034

Fwd 272 Village Blvd Apt 7203
Topusta Fl 33469

#106
Fwd To Ocean Blvd FL
1900 Beach
Port St Lucie