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

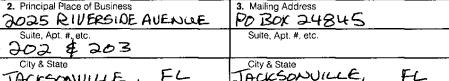
P97000046476 DOCUMENT # 1. Entity Name

TRY- ANGLES HAIR SALON ENTERPRISES INC.

Principal Place of Business 1650 #2 HAMILTON ST JACKSONVILLE FL 32210

Mailing Address

1650 #2 HAMILTON ST JACKSONVILLE FL 32210



Apr 28, 2003 8:00 am \$ Secretary of State **FILED** 

04-28-2003 91456 048 \*\*\*158.75



TY CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-3445188 ACKSONVILLE TACKSONVILLE Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired USA 2241-4845 32264 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Náme

WHITED, JAMES 1650 HAMILTON ST #2 JACKSONVILLE FL 32210 WHITED.

Street Address (P.O. Box Number is Not Acceptable) 2025 RIVERS OF AUENUE

JŽ.	CKSON	UILLE

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

SIGNATURE FILE NOW!!! FEE IS \$150.00 JAMES C. WHITED BR

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

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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS	D WHITED, JAMES 1650 HAMILTON ST #2	☐ Delete	TITLE NAME STREET ADDRESS	JAMES 2005	C. LOHI RIVERSI	ITEO, JA	Ochange HDD2	□ Addition  \$ 203
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP	JACKS	DNULLE,	FL 302	04	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILCK,JR, ROLF 1650 HAMILTON ST #2 JACKSONVILLE FL 32210	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROLF U 2025 JACKS	DILCK, TO RIVERS	JR. DE AVENUE E FL 300	12 Charge #202 104	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	Delete ~~	TITLE - NAME STREET ADDRESS CHY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

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 received or mustee 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 attact

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR