

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

04-21-2003 91218 024 ***150.00

DOCUMENT # P97000057679

1. Entity Name
BOREN BEAUTY GROUP, INC.



Principal Place of Business
**1414 SOUTH ATLANTIC
NEW SMYRNA BEACH FL 32169
US**

Mailing Address
**1414 SOUTH ATLANTIC
NEW SMYRNA BEACH FL 32169
US**

55038767



2. Principal Place of Business
1414 S. ATLANTIC
Suite, Apt. #, etc.

3. Mailing Address
1414 S. ATLANTIC
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NEW SMYRNA BCH
Zip
32169
Country
USA

City & State
NEW SMYRNA BCH
Zip
32169
Country
USA

4. FEI Number **59-3455631**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BOREN, KELLEY K
1414 SOUTH ATLANTIC
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent
Name **BOREN, KELLEY K.**
Street Address (P.O. Box Number is Not Acceptable)
1414 S. ATLANTIC AVE.
City **NEW SMYRNA BCH FL** Zip Code **32169**

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 *Kelley K. Boren*
Signature, typed or printed name of registered agent and title if applicable

1-10-03
DATE

(NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOREN, KELLY K 1414 SOUTH ATLANTIC AVE NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelley K. Boren **5-5-03**
Date Daytime Phone #

386/428-2292