2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90046 016 ***150.00

DOCUMENT # P97000060477

1. Entity Name
400 BEAUTY, INC.

Principal Place of Business	Mailing Address
FIFIS BEAUTY SALON 400 MARY MCCLOUD BLVD DAYTONA BEACH FL 32114	FIFIS BEAUTY SALON 400 MARY MCCLOUD BLVD DAYTONA BEACH FL 32114

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
400 mary mcleod	400 Mary mcleod
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Florida	City & State: Daytona Florida
Zip: 32114 Country: Volusia	Zip: 32114 Country: Volusia

4. FEI Number 59-3464517 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOTEN, KIM S
400 MARY MCCLOUD BLVD
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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

TITLE	PT	☐ Delete
NAME	MOTEN, KIM S	
STREET ADDRESS	400 MARY MCCLOUD BETHUNE BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VS	☐ Delete
NAME	WILLIAMS, OPHELIA	
STREET ADDRESS	400 MARY MCCLOUD BETHUNE BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		☐ Delete
NAME		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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 4/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #