APPROVED AND FILED

03 SEP -9 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90053511

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093049

1. Entity Name

SAVVY'S SALON, INC.

DO NOT WRITE IN THIS SPACE

03/19/03 91077 039 #150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8610 STATE ROAD 84	8610 STATE ROAD 84
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL	City & State: DAVIE, FL
Zip: 33324 Country: USA	Zip: 33324 Country: USA

4. FEI Number: 65-0795043 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent:

Name: DESIREEE McCLUSKEY

Street Address (P.O. Box Number is Not Acceptable)

1442 N.W. 132nd AVENUE

City: PEMBROKE PINES FL Zip Code: 33028

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] 03/14/2003

(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changed) 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	P/V/T/S/D, DESIREE McCLUSKEY 1442 N.W. 132nd AVENUE PEMBROKE PINES, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowerments.

SIGNATURE: [signature] 03/14/2003 954-370-3371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #