2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90198 029 ***150.00

DOCUMENT # P98000001830

1. Entity Name
ABOUT FACE BEAUTY & BRIDAL SALON, INC.

Principal Place of Business	Mailing Address
1049 LANDVIEW CT	1049 LANDVIEW CT
ORLANDO FL 32828	ORLANDO FL 32828

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
333 GOLFSIDE COVE		333 GOLFSIDE COVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lonbwood FL		City & State: Longwood FL	
Zip: 32779	Country: USA	Zip: 32779	Country: USA

4. FEI Number 59-3483855 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LARSEN, KARI L
1049 LANDVIEW CT
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name: LARSEN, KARI L
Street Address (P.O. Box Number is Not Acceptable): 333 GOLFSIDE COVE
City: Lonbwood FL Zip Code: 32779

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: Kari Larsen DATE: 3/25/03
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LARSEN, KARI L	NAME	LARSEN, KARI L
STREET ADDRESS	1049 LANDVIEW CT	STREET ADDRESS	333 GOLFSIDE COVE
CITY-ST-ZIP	ORLANDO FL 32828	CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Kari Larsen REQUIRED 3/25/03 407-234-5175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #