

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

DOCUMENT # **P98000011449**

1. Entity Name
CHIC AND SASSY HAIR DESIGN AND NAILS, INC.



Principal Place of Business
**6900 SILVER STAR RD. STE.114
ORLANDO FL 32811**

Mailing Address
**6900 SILVER STAR RD. STE.114
ORLANDO FL 32811**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **59-3491701** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AGBON-TAEN, GWEN
563 MARTIN PLACE BLVD.
APOPKA FL 32712**

Name **AGBON-TAEN GWEN**

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

**6900 SILVER STAR RD #114
CITY ORLANDO FL ZIP 32811**

7. Name and Address of New Registered Agent

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 obligation of registered agent.

SIGNATURE *Gwen Agbontaen*

4-28-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **AGBON-TAEN, GWEN**
STREET ADDRESS **563 MARTIN PLACE BLVD.**
CITY-ST-ZIP **APOPKA FL 32712**

Delete

TITLE **D**
NAME **AGBON-TAEN GWEN**
STREET ADDRESS **6900 SILVER STAR RD #114**
CITY-ST-ZIP **ORLANDO FL 32811**

Change

Addition

TITLE **D**
NAME **AGBON-TAEN, VINCE**
STREET ADDRESS **563 MARTIN PLACE BLVD.**
CITY-ST-ZIP **APOPKA FL 32712**

Delete

TITLE **D**
NAME **AGBON-TAEN VINCE**
STREET ADDRESS **6900 SILVER STAR RD #114**
CITY-ST-ZIP **ORLANDO FL 32811**

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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Change

Addition

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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 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: *Gwen Agbontaen*

4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

011513
AV

**FILED
May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90774 008 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)