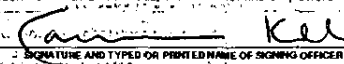


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90735 008 ***150.00

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

DOCUMENT # P98000019783			
1. Entity Name HAIRCRAFTERS OF BROOKSVILLE, INC.			
Principal Place of Business 19474 US 41 BROOKSVILLE, FL 34601		Mailing Address 7201 METRO BLVD MINNEAPOLIS, MN 55439	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 7201 Metro Blvd		Suite, Apt. #, etc.	
City & State Minneapolis, MN		City & State	
Zip 55439		Country	
4. FEI Number 11-3447876		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent GARRETT, JODY C/O GREAT WAVES, INC. 3435 ROSEBAY COURT SPRING HILL, FL 34609		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 _____ (NOTE: Registered Agent's signature required when appointing) Signature, typed or printed name of registered agent and title if applicable. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FINKELSTRIN, PAUL 7201 METRO BLVD MINNEAPOLIS, MN 55439 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GROSS, BERT 7201 METRO BLVD MINNEAPOLIS, MN 55439 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Bert M Gross 7201 Metro Blvd. Minneapolis, MN 55439 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOLATKAR, SHRINIVAS 7201 METRO BLVD MINNEAPOLIS, MN 55439 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 601, 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:  Shrinivas Kolathkar 4-23-03 952-947-7777			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			