

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

DOCUMENT # P98000043363

1. Entity Name  
STUDIO 110 HAIR & NAIRS INC

02 OCT 14 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
4164 NIMONS STREET  
ORLANDO, FL 32811

2. Principal Place of Business 3. Mailing Address  
4164 NIMONS STREET 4164 NIMONS STREET  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
ORLANDO, FL ORLANDO, FL 59-3508841 Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional  
32811 US 32811 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
Name  
VIRGNIA REDDING  
Street Address (P.O. Box Number is Not Acceptable)  
4164 NIMONS STREET  
City Orlando FL Zip Code 32811

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.  
SIGNATURE *Virginia D. Redding* PRESIDENT 7/28/2002  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State  
10. Election Campaign Financing \$5.00  
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT VIRGNIA REDDING 4164 NIMONS STREET ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000008343580-0 -10/14/02--01004--00 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 of Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Virginia D. Redding* VIRGNIA REDDING / PRESID 7/28/2002 407 492-7017  
(Signature, typed or printed name of signing officer or director) Date Printing Phone #

07/28/02

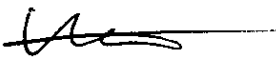
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that this Corporation has relocated. The Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson  
Robinson Accounting of America Inc.