


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

05-01-2003 90814 017 ***150.00

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

DOCUMENT # P98000053782	
1. Entity Name AMERICAN HAIR CUTTERS, INC.	

DO NOT WRITE IN THIS SPACE

10095727

2. Principal Place of Business 12450 63RD LANE N.	3. Mailing Address 12450 63RD LANE N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
Zip 33412	Country 33412

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0845337		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name WILLIAM J. WALSH		
Street Address (P.O. Box Number is Not Acceptable) 12450 63RD LANE N.			
City WEST PALM BEACH			Zip Code 33412

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 **WILLIAM J. WALSH** *William J. Walsh* **4/24/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD WILLIAM J. WALSH 12450 63RD LANE N. WEST PALM BEACH FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 empowered.

SIGNATURE: **WILLIAM J. WALSH** *William J. Walsh* **4/24/2003** **561-801-5704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)