## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P98000081812 1. Entity Name CUTTING EDGE FAMILY HAIR CARE, INC. 05-01-2001 90063 027 \*\*\*158.75 Principal Place of Business Mailing Address 9200 NAVARRE PARKWAY 306 CORAL DRIVE FORT WALTON BEACH FL 32548 SUITE D NAVARRE FL 32566 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3533724 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GERDEMAN, SHERIE A Street Address (P.O. Box Number is Not Acceptable) 306 CORAL DRIVE FORT WALTON BEACH FL 32548 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE GERDEMAN, SHERIE A NAME NAME 306 CORAL DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-ZIP Change ☐ Addition TITLE THEF Delete TOWNER, DIANE NAME NAME STREET ADDRESS STREET ADDRESS 2232 WHISPERING PINESBLVD CITY-ST-ZIP CITY-ST-7/P NAVARRE FL 32566 ☐ Change Addition TITLE ☐ Delete TITLE GERDEMAN, RONALD E NAME NAME STREET ADDRESS STREET ADDRESS 306 CORAL DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 GERDEMAN, JASON R Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS FORT WALTON BEACH, FL 32548 CITY-ST-7IP CITY-ST-ZIP GERDEMAN, RHONDA Delete ☐ Change

FORT WALTON BCH PL 32548 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 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Sherie A. Gerdeman, April 23,200

NAME

STREET ADDRESS

306 CORAL

Addition