


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

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-19-2003 90166 020 ***150.00

DOCUMENT # **P98000091715**

1. Entity Name
AVANTGARDE BEAUTY & HAIR, INC.



Principal Place of Business
**1170 3RD STREET S. #3-104
NAPLES FL 34102**

Mailing Address
~~P.O. BOX 275~~
~~BONITA SPRINGS FL 34135~~



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1170 3rd Street S. #B-104
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Naples, FL

4. FEI Number **59-3539388**

Applied For
 Not Applicable

Zip **34102** Country **USA**

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

6. Name and Address of Current Registered Agent
~~AMBURN, JAMES W.
20000 SPANISH WELLS BLVD
BONITA SPRINGS FL 34135~~

7. Name and Address of New Registered Agent
Name **H. Michael Magruder CPA**
Street Address (P.O. Box Number is Not Acceptable)
2770 South Horseshoe Dr. Ste 1
City **Naples** FL Zip Code **34104**

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 *[Signature]* DATE **03-17-03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPVT BOCKIUS, TANJA 729 LANDOVER CT #203 NAPLES FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE **03-22-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)