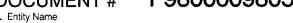
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000098055 **DOCUMENT #**





Jan 16, 2003 8:00 am Secretary of State

FILED

ROBERTS HAIR SALON, INC.								01-10-2003	90138	516 ***15	0.00	
Principal Place of Business 5446 RATTLESNAKE HAMMOCK ROAD NAPLES FL 34113 Mailing Address 5446 RATTLESNAKE HAMMOCK ROAD NAPLES FL 34113												
2. Principal P	Place of Busin	ness	3. Mai	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State				& State	4		FEI Number 59-3548449		Applied For Not Applicable		-	
Zip	Zip Country			Zip Co		ountry		Certificate of Status Desired		\$8.75 Ac Fee Require		
	6. Name	and Address of Curre	nt Registere	d Agent		7.	Name and Address of New Re	gistered	Agent	-	1	
BIDWELL, ROBERT C 5446 RATTLESNAKE HAMMOCK ROAD						Name Street Address	(P.O. B	ox Number is Not Acceptable)				
NAPLES F			City			FI	Zip Coo	de	_			
the obligat SIGNATURE . F Aftel	Signature, typed ILE NOW!! r May 1, 200		Budge and title if app	rell		ed office or registe		ent, or both, in the State of Floreinstating) 9. Election Campaign Final Trust Fund Contribution	DATE	3/0 _ \$5.0	3 00 May Be	-
10.		OFFICERS AN	D DIRECTO	RS	11.		AC	DITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	RS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ROBERT C TLESNAKE HAMMOC		☐ Delete	TITLE NAME STRE	•				☐ Change	Addition	E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	CR2
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		**	٠.	E Delete∵ ar time			3	to a man and a consequence of the second	gyr vagy ¹⁰ jk	☐ Change -	Addition	2 ÷
TITLE NAME STREET ADDRESS CITY-ST-ZIP				` 🔲 Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP.				Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	Addition].

12. I hereby certify that the information supplied with this filling 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: