

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90085 048 ***550.00

DOCUMENT # P98000098742

1. Entity Name
HAIRTECK INC.

Principal Place of Business
~~102 N. ROMONA~~
INDIALANTIC FL 32903

Mailing Address
~~102 N. ROMONA~~
INDIALANTIC FL 32903



DO NOT WRITE IN THIS SPACE

2 Principal Place of Business
710 N Hwy A1A
 Suite, Apt. #, etc.
Indialantic, Fl. 32903
 City & State

3 Mailing Address
710 N Hwy A1A
 Suite, Apt. #, etc.
Indialantic, Fl. 32903
 City & State

4. FEI Number **59-3545784** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LOWERY, RANDY D
~~102 N. ROMONA~~ **760 N Shannon Ave**
INDIALANTIC FL 32903
Indialantic, Fl. 32903

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **Randy Lowery president** DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	LOWERY, RANDY D
STREET ADDRESS	330 AVENIDA CENTRAL 760 N Shannon Ave
CITY-ST-ZIP	INDIALANTIC FL 32903 Indialantic Fl. 32903
TITLE	D <input type="checkbox"/> Delete
NAME	DITRAGLIA, GERARDO
STREET ADDRESS	330 AVENIDA CENTRAL 760 N. Shannon Ave
CITY-ST-ZIP	INDIALANTIC FL 32903 Indialantic Fl. 32903
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: **REQUIRED** **president** Date **321-722-1663** Daytime Phone #

CR2E034 (4/02)