2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P98000099334 DISCOUNT BEAUTY AND HEALTH, INC. 01-25-2000 90053 031 ***158.75 Principal Place of Business Mailing Address 2754 PINEHURST 2754 PINEHURST WESTON FL 33332 WESTON FL 33326-7091 2. Principal Place of Business 3. Mailing Address 8560 STATE ROAD 84 8560 STATE ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0888057 CAUTATION, FLORIDA PLANTATION, FLORIDA Not Applicate \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1186 OCEAN SHORE BLVD., STE. 195 **ORMOND BEACH FL 32176** Zip Code Fl 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE Delete TITLE PEGLIES, HERBERT U NAME NAME 8560 STATE ROAD 84 STREET ADDRESS 2754 PINEHURST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33332 ☐ Additio □ Delete TITLE TITLE PEGLIES, AUTUMN L NAME NAME STREET ADDRESS STREET ADDRESS 2754 PINEHURST WESTON FL 33332 CITY-ST-ZIP CITY-ST-ZIP Chance Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7/P Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR