2002 Uniform Business Report (UBR)

Mar 31, 2002 8:00 am Secretary of State P98000102870 DOCUMENT # 1. Entity Name 03-31-2002 90368 017 ***150.00 HAIR WORKS PLUS INCORPORATED -Principal:Place of Business⇒ -Mailing:Address-7604 CORTEZ RD W ~ 7604 CORTEZ RD W BRADENTON FL 34210-2446 **BRADENTON FL 34210-2446** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0880149 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **HUGHES, JENNIFER S** Street Address (P.O. Box Number is Not Acceptable) 7604 CORTEZ RD W BRADENTON FL 34210-2446 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Change ☐ Addition ☐ Delete **HUGHES, JENNIFER S** NAME NAME 7604 CORTEZ RD W STREET ADDRESS STREET ADDRESS BRADENTON FL 34210-2446 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change HUGHES, RICHARD T NAME 7604 CORTEZ RD W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210-2446** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP* TITLE Delete TITLE Change ☐ Addition NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED