2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90067 027 ***150.00

DOCUMENT # P99000103603

1. Entity Name
STACIE LEE STUDIO FOR HAIR, INC.

Principal Place of Business
2302 DEL PRADO BLVD #A
CAPE CORAL, FL 33991

Mailing Address
2302 DEL PRADO BLVD #A
CAPE CORAL, FL 33991

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

01142004 Chg-P CR2E034 (10/03)

4. FEI Number 46-13-095161-41-2 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
STACIE L. TOSCANO
2302 DEL PRADO BLVD #A
CAPE CORAL, FL 33991

7. Name and Address of New Registered Agent
Name NICOLE L. CAPOBIANCO
Street Address (P.O. Box Number is Not Acceptable) 1707 S.E. VAN LOON TERRACE
City CAPE CORAL FL Zip Code 33990

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 _____ 01/15/04
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete
P OWNER STACIE LEE TOSCANO 2122 S.W. 13th AVE Cape Coral, FL 33991	
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change	☐ Addition
PRESIDENT NICOLE L. CAPOBIANCO 1707 S.E. VAN LOON TERRACE CAPE CORAL, FL 33990		
SECRETARY STACIE LEE TOSCANO P.O. BOX 98 MATLACHA, FL 33993	☒ Change	☒ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition

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: _____ 01/15/04 239 573-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #