

THIS IS AN AMENDED UNIFORM BUSINESS REPORT FORM FOR THE YEAR 2001
2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED UNIFORM BUSINESS REPORT
 SECRETARY OF STATE
 DEPARTMENT OF CORPORATION

01 DEC 10 PM 3:38

DOCUMENT # P99000003804
1. Entity Name
 Mustang Sally's of Marco, Inc.

Principal Place of Business Mailing Address
 148 Geranium Court Blvd 6051 Estero Boulevard
 Marco Island, FL 34145 Fort Myers Beach FL 343931

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
 65-0888455 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 Larry L. Pittman
 6051 Estero Boulevard
 Fort Myers Beach, FL 33931

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.
 SIGNATURE: *[Signature]* DATE: 11/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 P <input type="checkbox"/> Delete
NAME	Henry Krystaszek
STREET ADDRESS	148 Geranium Court
CITY-ST-ZIP	Marco Island, FL 34145
TITLE	D T S <input type="checkbox"/> Delete
NAME	Barbara Krystaszek
STREET ADDRESS	148 Geranium Court
CITY-ST-ZIP	Marco Island, FL 34145
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	700004726657--5
CITY-ST-ZIP	-12/14/01--01047--003 *****61.25 *****61.25
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	

AB 12/13

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: *[Signature]* DATE: 12-1-01 DAYTIME PHONE #: 941-389-4487

CR2E034 (11/00)