

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90007 032 \*\*\*150.00

**DOCUMENT # P99000015809**

1. Entity Name

**MAX BEAUTY SUPPLY, INC.**

Principal Place of Business

Mailing Address

**5628 SOUTEL DRIVE  
 JACKSONVILLE FL 32219**

**YU D HAN CPA  
 10916-1A ATLANTIC BLVD  
 JACKSONVILLE FL 32225**

2. Principal Place of Business

3. Mailing Address

**2261 EDGEWOOD AVE W**

**4401 Emerson St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**17**

**Suite 8**

City & State

City & State

**JACKSONVILLE FL**

**Jacksonville FL**

Zip

Country

Zip

Country

**32209**

**32207**

**Duval**

4. FEI Number

**59-3556467**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YU D HAN CPA  
 10916-1A ATLANTIC BLVD  
 JACKSONVILLE FL 32225**

Name **Yu D. Han, C.P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**4401 Emerson St**

**Suite 8**

City

**Jacksonville**

**FL**

Zip Code

**32207**

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  
 NAME **LEE, SUK H**  
 STREET ADDRESS **1865 WELLS RD 311**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE **PD ST**  
 NAME **LEE, SUK H**  
 STREET ADDRESS **234 EVEN TIDE DR.**  
 CITY-ST-ZIP **ORANGE PARK FL 32003**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02**

Date

**904-924-2201**

Daytime Phone #