2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED Apr 24, 2003 8:00 am Secretary of State

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DOCUMENT # P9900047002 1. Entity Name JIM & SHAWNS MANHATTAN HAIR COMPANY INC.				VT-VT-2503 50107 000 130.00		
Principal Place of Business 1483 Main Street SARASÓTA FL 34236 US		Mailing Address 1483 MAIN STREET SARASOTA FL 34236 US		,		
2. Principal Place of Business		3. Mailing Address			T KARUNTAN HAI KUISO SAKU BAHKI BAKKI BUKNI BUKNI BUKNI SAKNI BAKKI BOLIN BUKA KIDA YERA T	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		· ·	4. FEI Number 59-3574694 Applied For Not Applicable	e
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	7
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent]
			Name		-C-Vlan-	7
REESE, JA 344 HERN	ames Iando avenue	Sireet Address (et Address (P.O. Box Number is Not Acceptable) Ucrna-Botham Rd.	╣,
	A FL 34243	-		1. 6		1
7			City	Gak	Ka City FL 34251 FL Zip Code	┨
8. The above named above submits this statement for the number of changing its regis				e or registere		
8. The above named endry 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.						
Cha Cha Later 411-3						
SIGNATURE Signature, typed or printed flame of politicared south and title if applicable. [NOTE: Registared Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	J_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REESE, JAMES 344 HERNANDO AVENUE SARASOTA FL 34243	2 Delate	TITLE NAME STREET ADDRE CITY-ST-ZIP		☐ Change ☐ Addition	CR2E034 (10/02)
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NAME			NAME	J		}
STREET ADDRESS CITY-SI-ZIP			STREET ADORES	S		1
	ertify that the information constant with t	his ting door not qualify to	CITY-ST-ZIP	lated in Con-	tion 110 07/0/() Stales States II with a stale of the sta	4
indicated of the corp	on this report or supplemental report is to occation or the receiver or the stee employees	due and accurate and that my ered to execute this report a	y signature sha is required by 0	have the sa hapter 607,	tion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if	