## May 01, 2003 8:00 am Secretary of State

05-01-2003 90406 001 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P99000054895

1. Entity Name

THE HAIR EXCHANGE, INC.

Sp. 3582090   Note													
Suite. Apt. #, etc.   Suite. Apt. #, etc.   CHY & State	3839 N. MONI	roe st Uni		3839 N	I. MONROE ST., UN	NIT 10				L CORRECT HAS LOCAL TRUST FROM PRINC			
City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificato of Status Desired  S. S. Sass2090  S. S. Sass2090  S. S. Sass2090  S. S. Certificato of Status Desired  S. Sass2090  Name  And Created Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Significations of registered agent  Significations of registered agent  Significations of registered agent  Significations of registered agent  Significations of registered agent agent as title 4 sociable  Incite Engineer Agent a	2. Principal P	Place of Busin	ess	3. Mailir	3. Mailing Address					1 ( <b>88</b> )( <b>88</b> ) (1 <b>8</b> ) <b>8</b> (1 <b>8</b> (8))(1 <b>88</b> )(1			
Secretary   Secr	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S: Name and Address of Current Registered Agent  7: Name and Address of New Registered Agent  HILL, DEBORAH M 3839 N. MONROE ST., UNIT 10  TALLAHASSEE FI. 32303  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. I am familiar with, a the obligations of registered agent and the registered agent a	City & Stat	te	<del> </del>	City 8	City & State				4. FEI	Number <b>59-35820</b> 9	30	<u> </u>	oplied For
HILL, DEBORAH M 3839 N. MONROE ST., UNIT 10 TALLAHASSEE FI. 32303  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. I am familiar with, a the obligations of registered agent, board or inflietd name of registered agent and the registered agent, or both, in the State of Florida. I am familiar with, a three department of registered agent and the registered agent, or both, in the State of Florida. I am familiar with, a three department of registered agent, or both, in the State of Florida. I am familiar with, a three department of registered agent, or both, in the State of Florida. I am familiar with, a three department of Florida. I am familiar with, a three department of Florida and the registered agent, or both, in the State of Florida. I am familiar with, a three department and the registered agent, in the state agent, in the state agent, in the state agent, in the state agent, and the registered agent, in the state agent, and the state agent, are registered agent, in the state agent, and the state agent a	Zip		Country	Zip		Country	,		<b>5.</b> Cer	tificate of Status Desired			
HILL, DEBORAH M 3839 N. MONROE ST., UNIT 10 TALLAHASSEE FI. 32303  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. I am familiar with, a the obligations of registered agent and title if applicable  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NUME SIRRET ADDRESS  ORY-ST-ZIP  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME STRET ADDRESS  ORY-ST-ZIP  TITLE  ADDRESS  ORY-ST-ZIP  TITLE  Delde  TITLE  ADDRESS  ORY-ST-ZIP  TALLAHASSEE FI. 32318-0464  Delde  TITLE  Delde		6; Name	and Address of Curren	t Registered	Agent				7. Nar	ne and Address of Nev	v Registered	Agent	
3839 N. MONROE ST., UNIT 10: TALLAHASSEE FL 32303  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. I arm familiar with, a the obligations of registered agent.  SIGNATURE  SIGNATURE  SUBMAN PARK OF CONTROL OF THE ST 150,00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THE NAME SIRET ADDRESS OTY-ST-2P  THE SAME TAYLOR, JENNIFER K SIRET ADDRESS OTY-ST-2P  THE NAME SIRET ADDR			**				Name						
3839 N. MONROE ST., UNIT 10 TALLAHASSEE FI, 32303  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. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent a	HILL. DEB	ORAH M	• 4										
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, a the obligations of registered agent.    Signature   Suraure hyad or printed here of tagaleted agent and title if applicable.   (NOTE Registered Agent synature required when reinnitating)   OATE	3839 N. M	MONROE ST					Street A	ddress (F	O. Box	Number is Not Acceptal	ble) 		
B. 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, a the obligations of registered agent.    Signature hybrid or printed name of registered agent and the Flatpolicable   PhoTE: Registered Agent eigenture required when reinstating)   DATE	TALLAHAS	SSEE FL 32	303			<u> </u>							
B. 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, a the obligations of registered agent.  SIGNATURE    Suprature   Supratu			7 ,4				City				FL	Zip Cod	e ,
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	the obligat			or the purpo	se of changing its	registered	office or	registere	d agent	, or both, in the State of	Florida. I am	familiar with,	and accept
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if applic	cable. (NOTE	E: Registered A	gent signati	re required v	when reinsta	ating)	DATE	<del></del>	<del></del>
TITLE NAME NAME STRET ADDRESS TALLAHASSEE FL 32318-0464  TITLE NAME STRET ADDRESS TAYLOR, JENNIFER K 2460 PEACHTREE RD., NW, SUITE 409 ATLANTA GA 31728  Delete  Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME	After	r May 1, 200	3 Fee will be \$550.00					•				\$5.0 Added	May Be
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32318-0464  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME TITLE NAME NAME TITLE NAME NAME TITLE NAME NAME NAME TITLE NAME NAME NAME NAME TITLE NAME NAME NAME NAME TITLE NAME NAME NAME NAME NAME NAME TITLE NAME NAME NAME NAME	10.		OFFICERS AND	DIRECTOR	S	11.			ADDIT	TIONS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
TITLE	NAME STREET ADDRESS	HILL, DEB PO BOX 1	80464		☐ Delete	NAME STREET						☐ Change	Addition
NAME         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TILE         Delete         TITLE           NAME         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME	NAME STREET ADDRESS	TAYLOR, J 2460 PEAG	CHTREE RD., NW, SU	ITE 409	Delete	NAME STREET		Secr 1383 TA	retan ne k 19 N LLA	1 2,5eller5 .Monroe#1 .FL 3230	o 3	Change	☐ Addition
NAME         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME	NAME TO STREET ADDRESS		,		☐ Delete	NAME STREET /			- <u>-</u>			☐ Change	☐ Addition
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         □ Delete         TITLE           NAME         □ Change	name Street address				☐ Delete	NAME STREET A						☐ Change	☐ Addition
NAME NAME	name Street address				☐ Delete	name Street a						☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS				☐ Delete	NAME STREET A	J					☐ 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:** 

Sellers