

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000095360**

FILED

1. Entity Name
LITTLE JOE'S BEVERLY HILLS HAIR DESIGN, INC.

03 APR -1 PM 1:04

Principal Place of Business:

**2340 PERIWINKLE WAY
STE 1
SANIBEL FL 33957**

new mailing address

Business:

Micale
**2323-7 Del Prado Blvd. #138
Cape Coral, FL 33990-4611**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

State, Apt. #, etc.

City & State

Zip

Country

3. Listing address:

State, Apt. #, etc.

City & State

Zip

Country

4. FIC Number
65-0959413

Applied Fee
Not Applicable

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

6. Name and Address of Current Registered Agent

**MICALE, JOSEPH P
1417-3 DEL PRADO BLVD, SUITE 439
CAPE CORAL FL 33990**

new

Micale
**2323-7 Del Prado Blvd. #138
Cape Coral, FL 33990-4611**

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 payment of the annual report and franchise fee to the Department of State of the State of Florida.

SIGNATURE

9. This corporation is eligible to comply with optional 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 First Fund Contribution **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICALE, JOSEPH P
STREET ADDRESS	1417-3 DEL PRADO BLVD
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	V
NAME	MICALE, GEORGINA
STREET ADDRESS	Micale
CITY-ST-ZIP	2323-7 Del Prado Blvd. #138 Cape Coral, FL 33990-4611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 2002

FILE	000015293610
DATE	04/03/03--01057--002 **130:00
STREET ADDRESS	
CITY-STATE-ZIP	
FILE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
DATE	
STREET ADDRESS	
CITY-STATE-ZIP	
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CITY-STATE-ZIP	
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DATE	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07, 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 recipient or trustee empowered to execute the report as required by Chapter 601, Florida Statutes, and that my name appears in Block 11 or Block 12, unchanged, or on an attachment with an address, with all other fees computed.

SIGNATURE:

Georgina Micale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03
5/7/02 (941) 395-3116

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