2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92195 014 ***150.00

DOCUMENT # P99000100010

1. Entity Name
REGENCY BEAUTY SUPPLY, INC.

Principal Place of Business	Mailing Address
9501 ARLINGTON EXPRESSWAY SUITE 440 JACKSONVILLE, FL 32225	C/O YU D. HAN, C.P.A. 4401 EMERSON ST SUITE 8 JACKSONVILLE, FL 32207

2. Principal Place of Business	3. Mailing Address
	9501 ARLINGTON EXPRESSWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 440
City & State	City & State Jacksonville, FL
Zip / Country	Zip 32225 / Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3608901 ☐ 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
HAN, YU D 10916-1A ATLANTIC BLVD JACKSONVILLE, FL 32225	Name: YOUNG H. KIM Street Address (P.O. Box Number Is Not Acceptable): 4435 TOUCHTON RD # 223 City: Jacksonville FL Zip Code 32246

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, and accept the obligations of registered agent.

SIGNATURE X [signature] YOUNG H. KIM 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KIM, YOUNG H 4435 TOUCHTON RD E # 223 JACKSONVILLE, FL 32246	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, PAN S 10615 BRIGHTON HILL CIR S JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] Young H. Kim 4/29/03 904-724-1909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #