

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90117 042 \*\*\*150.00

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P99000111439

1. Entity Name  
 MAXIMUM UNISEX HAIR CARE, INC.

Principal Place of Business  
 2775 N HIAWASSEE RD  
 ORLANDO, FL 32818

Mailing Address  
 2775 N HIAWASSEE  
 ORLANDO, FL 32818

80063259

2. Principal Place of Business  
 1801 E COLONIAL DR  
 Suite, Apt. #, etc.  
 SUITE #107  
 City & State  
 ORLANDO, FL

3. Mailing Address  
 1801 E COLONIAL DR  
 Suite, Apt. #, etc.  
 SUITE #107  
 City & State  
 ORLANDO, FL

4. FEI Number  
 59-3269645

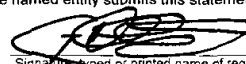
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 CLARK; G CHRISTOPHER  
 2202 MENOMONEE CT  
 ORLANDO, FL 32818

7. Name and Address of New Registered Agent  
 Name  
 CLARK, G CHRISTOPHER  
 Street Address (P.O. Box Number is Not Acceptable)  
 1801 E COLONIAL DR  
 SUITE #107  
 City  
 ORLANDO, FL Zip Code  
 32803

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  G CHRISTOPHER CLARK 8/21/2001  
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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
 (See criteria on back)  **Make Check Payable to Department of State**

10. Election Campaign Financing  \$5.00  
 Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME CLARK, G CHRISTOPHER STREET ADDRESS 2202 MENOMONEE CT CITY - ST - ZIP ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE D NAME CLARK, G CHRISTOPHER STREET ADDRESS 1801 E COLONIAL DR SUITE #107 CITY - ST - ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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:  PRESIDENT 8/21/2001

Robinson Accounting of America

08/21/01

Attachment  
D# 19900011439  
B0063259

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

~~This letter is to inform that MAXIMUM UNISEX HAIR CARE, INC., has~~  
relocated. The named Corporation did not receive a Annual Corporate Report. Due  
to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson  
Robinson Accounting of America Inc.