

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111439

Entity Name: MAXIMUM UNISEX HAIR CARE, INC.

FILED  
Mar 07, 2011  
Secretary of State

**Current Principal Place of Business:**

2775 N. HIAWASSEE ROAD #107  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

2775 N. HIAWASSEE ROAD #107  
ORLANDO, FL 32818 US

**New Mailing Address:**

FEI Number: 59-3269645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARK, G CHRISTOPHER  
2775 N. HIAWASSEE ROAD #107  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CLARK, G CHRISTOPHER  
Address: 2775 N. HIAWASSEE ROAD #107  
City-St-Zip: ORLANDO, FL 32818 US

Title: VP  
Name: CLARK, JUDITH Y  
Address: 2775 N. HIAWASSEE RD #107  
City-St-Zip: ORLANDO, FL 32818

Title: S/T  
Name: CLARK, CHRISTA P  
Address: 2775 N. HIAWASSEE RD. #107  
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: G. CHRISTOPHER CLARK

PD

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date