___ FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED ATX1
Feb 16, 2004 08:00 AM
Secretary of State

UNIFORM BUSINESS REPORT (UBR)					Company of Chata		
DOCUMENT # S63866 1. Entity Name					Secretary o	i State	
JUDY'S HAIR STUDI	O, INC						
DO N	IOT WRITE	E IN THIS S	1000	44.4		-	
2. Principal Place of Business 1288 LORI DRIVE		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State SPRING HILL, FL		City & State		4. FEI Number Applied For			
Zìp	Country	Zip	Country		59-3072343 5. Certificate of Status Desired	\$8.75 Additional	
34606	HERNANDO		umeni.	7. Nam	ne and Address of Current Registe	Fee Required	
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DO NOT WRITE			Gargent	Street Addr	treet Address (P.O. Box Number is Not Acceptable)		
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				City	FL	Zip Code	
8. The above named	d entity submits this st am familiar with, and	atement for the purpo	se of cha	inging its regis	stered office or registered agent, or l	ooth, in the	
State of Florida. 1	am lammar with, and	accept the obligations	s or regist	tereu agent.		-	
Signat	ure, typed or printed name o	registered agent and title if	applicable.	(NOTE: Registe	ered Agent signature required when reinstating) DATE	
January 1 - May 1 Fee is \$150.00				9. Election Campaign Financing	\$5.00 May Be		
Amended UBR is \$61.25 Make Check Payable to Florida Department of State				Trust Fund Contribution. Added to Fees			
10.		ND DIRECTORS	11.				
TITLE	DPST	AD DILICIONS	TITL	F ···	TO SERVICE AND THE PROPERTY OF	2012 12676-1477-1499	
NAME	JUDY LIVEROCK		NAM		000000025865	one resident manual till	
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2. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ULLUM TOUR OF PRINTED NAME OF SIGNING OFFICER OF SIGNING OFFICER OF PRINTED NAME OF SIGNING OFFICER O

2-14-04 357683861

Daytime Phone