

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # S63866	
1. Entity Name	
JUDY'S HAIR STUDIO, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1288 LORI DRIVE		3. Mailing Address 1288 LORI DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State SPRING HILL, FL	
Zip 34606	Country USA	Zip 34606	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3072343		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JUDY LEVEROCK 1288 LORI DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHN A. LEVEROCK III 1288 LORI DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000252428 03/05/05-80024-016 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Judy M Leverock Judy M Leverock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05

Date

3526838611

Daytime Phone #