2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # \$83337** 1. Entity Name GEORGE MICHAEL HAIR SALON, INC. 03-15-2000 90140 002 ***150.00 Principal Place of Business Mailing Address 103 SOUTH U.S. HIGHWAY ONE 103 South U.S. Highway one JUPITER FL 33447 JUPITER FL 33477-5101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0289409 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GURCH, GEORGE M. Street Address (P.O. Box Number is Not Acceptable) 103 S US ONE, B-1 JUPITER FL 33477 City Zip Code Fl 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE □ Defete TITLE ☐ Change GURCH, GEORGE M. NAME NAME STREET ADDRESS 103 S. U.S. HWY. ONE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL D ☐ Change Addition TITLE ☐ Delete GURCH, JEANNE NAME NAME 103 S. U.S. HWY. ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF JUPITER FL TITLE ☐ Delete TITLE ☐ Addition **GURCH, GEORGE MICHAEL** NAME 103 S. U.S. HWY. ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-ZIP Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000

561-743-1122

Daytime Phone #