2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State **DOCUMENT # \$83337** 1. Entity Name 05-04-2001 90006 032 ***150.00 GEORGE MICHAEL HAIR SALON, INC. Principal Place of Business Mailing Address 103 SOUTH U.S. HIGHWAY ONE 103 SOUTH U.S. HIGHWAY ONE JUPITER FL 33447 JUPITER FL 33447 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 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GURCH, GEORGE M. Street Address (P.O. Box Number is Not Acceptable) 103 S US ONE, B-1 JUPITER FL 33477 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 OFFICERS AND DIRECTORS 12. 11, Change ☐ Addition CRZE034 (10/00) TITLE ☐ Delete TITLE GURCH, GEORGE M. NAME NAME 103 S. U.S. HWY. ONE STREET ADDRESS STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE **GURCH, JEANNE** NAME NAME 103 S. U.S. HWY. ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Change TITLE TITLE Addition No leta GURCH, GEORGE MICHAEL NAME NAME STREET AFFORESS STREET ADDRESS 103 S. U.S. HWY. ONE CITY-ST-ZIP CITY-ST-ZIP~ JUPITER FL Change Addition THILE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition ☐ Defete 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:

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