

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90971 045 ***150.00

DOCUMENT # **V03330**

1. Entity Name
JENNY'S HAIR EXPECTATIONS, INC.



Principal Place of Business
**NOKOMIS VILLAGE SHOPPING CENTER
UNIT 1085A
NOKOMIS FL**

Mailing Address
**NOKOMIS VILLAGE SHOPPING CENTER
UNIT 1085A
NOKOMIS FL**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0301752**

Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip
34275

Country

Zip
34275

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MITIS, SOTIRIOS
NOKOMIS VILLAGE SHOPPING CENTER
UNIT 1085A
NOKOMIS FL**

7. Name and Address of New Registered Agent

Name **MITIS, STEVEN**
Street Address (P.O. Box Number is Not Acceptable)
Nokomis Village Shopping Center
Unit 1085A
City **Nokomis FL** Zip Code **34275**

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

4/28/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MITIS, SOTIRIOS NOKOMIS VILLAGE SHOPPING NOKOMIS FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MITIS, POLIXENI NOKOMIS VILLAGE SHOPPING NOKOMIS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, D MITIS, STEVEN Nokomis Village Shopping Center Nokomis, FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, D MITIS, CANDICE Nokomis Village Shopping Center Nokomis, FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 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

Date

Daytime Phone #

4/28/03

941-485-4977

CR2E034 (10/02)