

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90210 012 \*\*\*150.00

**DOCUMENT # V68656**

1. Entity Name  
**ILLUSIONS HAIR & NAIL DESIGNS INC**



Principal Place of Business  
**4609 LAKE WORTH ROAD  
LAKE WORTH FL 33463**

Mailing Address  
**C/O KEARNS, CLIFFORD  
5023 WHITEWOOD COVE N  
LAKE WORTH FL 33467  
US**

2. Principal Place of Business  
**5023 WHITEWOOD COVE NORTH**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**LAKE WORTH, FL**

City & State

4. FEI Number **65-0393328**

Applied For  
Not Applicable

Zip **33467** Country **FLA BEACH**

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**KEARNS, CLIFFORD  
4609 LAKE WORTH ROAD  
LAKE WORTH FL 33463**

## 7. Name and Address of New Registered Agent

Name **CLIFFORD KEARNS**

Street Address (P.O. Box Number is Not Acceptable)

**5023 WHITEWOOD COVE NORTH**

City **LAKE WORTH** FL Zip Code **33467**

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

**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

TITLE **P** ☐ Delete  
NAME **SMITH, PAMELA**  
STREET ADDRESS **5023 WHITEWOOD COVE NORTH**  
CITY-ST-ZIP **LAKEWOOD FL 33467**

TITLE **VST** ☐ Delete  
NAME **KEARNS, CLIFFORD**  
STREET ADDRESS **4607 LAKE WORTH ROAD**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **VST KEARNS, CLIFFORD**  
STREET ADDRESS **5023 WHITEWOOD COVE NORTH**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

CR2E034 (10/02)