


05-02-2003 90735 009 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000013432			
1. Entity Name HAIRCRAFTERS OF BUSHNELL, INC.			
Principal Place of Business 50. SUMTER PLAZA 580 NORTH MAIN BUSHNELL, FL 33513 US		Mailing Address 7201 METRO BLVD. MINNEAPOLIS, MN 55439-2103 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 7201 Metro Blvd.		Suite, Apt. #, etc.	
City & State Minneapolis, MN		City & State	
Zip 55439	Country	Zip	Country
6. Name and Address of Current Registered Agent GREAT EXPECTATIONS PRECISION HAIRCUTTERS O F UNIVERSITY MALL, INC. 7171 N. DAVIS HIGHWAY PENSACOLA, FL 32504		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when addressing)</small>			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD FINKELSTEIN, PAUL 7201 METRO BLVD. MINNEAPOLIS, MN 55439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GROSS, BERT 7201 METRO BLVD. MINNEAPOLIS, MN 55439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Bert M. Gross 7201 Metro Blvd Minneapolis, MN 55439 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOLATKAR, SHRINIVAS 7201 METRO BLVD. MINNEAPOLIS, MN 55439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 4-23-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

90120042



CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3366239 Applied For Not Applicable

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

CR2E034 (10/02)