

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90361 007 ***150.00

DOCUMENT # P02000016425

1. Entity Name
NAILS BY SUZIE, INC.



Principal Place of Business
634 137TH STREET NE
BRADENTON FL 34212

Mailing Address
634 137TH STREET NE
BRADENTON FL 34212

60010303



2. Principal Place of Business

5722 MANATEE AVE. W.
Suite, Apt. #, etc.

3. Mailing Address

5722 634 137TH ST. N.E.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BRADENTON, FL

City & State
BRADENTON, FL

4. FEI Number
03-0375304

Applied For
Not Applicable

Zip
34209 **Country**
MANATEE

Zip
34212 **Country**
MANATEE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAY, RICHARD BARTON
6108 26TH STREET WEST, SUITE 2
BRADENTON FL 34207

Name
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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	MEADOR, SUZIE			NAME			
STREET ADDRESS	634 137TH STREET NE			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34212			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* **3/30/03 941-795-1167**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)