

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90088 046 \*\*\*150.00

**DOCUMENT # P95000043551**

1. Entity Name  
**NAIL EXPRESS, INC.**

Principal Place of Business <b>9285 SEMINOLE BLVD.          SEMINOLE FL 33772          US</b>	Mailing Address <b>9285 SEMINOLE BLVD.          SEMINOLE FL 33772-3104          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3432094</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
City & State		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent <b>BROGLE, LYNDA          12078 MURRAY AVE. N.          LARGO FL 33778</b>				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.

SIGNATURE: *Lynda Brogle* Lynda Brogle 2/10/00  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	BROGLE, LYNDA 12078 MURRAY AVE. N. LARGO FL 33778	<input checked="" type="checkbox"/> Delete	TITLE Polly Brunk	3041 So Pines Dr #19 LARGO FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	BROGLE, JOHN M 1208 MURRAY AVE. N. LARGO FL 33778	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Polly Brunk* Polly Brunk 4/1/00 727391-249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 1.034 (9/99)