

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90077 023 \*\*\*150.00

**DOCUMENT # P99000063635**

1. Entity Name

**ANGEL NAILS, ETC. INC.**

Principal Place of Business

**3008 FOUNTAINHEAD CIRCLE #130  
 MELBOURNE FL 32934**

Mailing Address

**3008 FOUNTAINHEAD CIRCLE #130  
 MELBOURNE FL 32934**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**205 Lago Circle**

**#102**

**West Melbourne, FL**

**32904**

**Brevard**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3587854**

Applied For

Not Applicable

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

**NORVELIS, SHIRLEN  
 3008 FOUNTAINHEAD CIRCLE #130  
 MELBOURNE FL 32934**

Name **Shirlen Norvelis**

Street Address (P.O. Box Number is Not Acceptable) **205 Lago Circle #102**

City **West Melbourne**

FL

Zip Code **32904**

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

*Shirlen Norvelis*

(NOTE: Registered Agent signature required when re-registering)

**4/23/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NORVELIS, SHIRLEN</b> <b>3008 FOUNTAINHEAD CIRCLE #130</b> <b>MELBOURNE FL 32934</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>205 Lago Circle #102</b> <b>West Melbourne, FL 32904</b>	<input checked="" 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
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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

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:

*Shirlen Norvelis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/01**

Date

**321-728-8229**

Daytime Phone #

CR2E034 (10/00)