

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90400 047 ***150.00

DOCUMENT # P99000063635

1. Entity Name

ANGEL NAILS, ETC. INC.

Principal Place of Business

3008 FOUNTAINHEAD CIRCLE #130
 MELBOURNE FL 32934

Mailing Address

205 LAGO CIRCLE #102
 WEST MELBOURNE FL 32904

2. Principal Place of Business

1542 S. Wickham Rd
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Melbourne, FL

City & State

Zip

32904 USA

Country

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

NORVELIS, SHIRLEN

205 LAGO CIRCLE #102

WEST MELBOURNE FL 32904

7. Name and Address of New Registered Agent

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.

SIGNATURE

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)

FILE NOW!!! FEE IS \$150.00

~~After May 1, 2002 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

TITLE **P** ☐ Delete
 NAME **NORVELIS, SHIRLEN**
 STREET ADDRESS **205 LAGO CIRCLE #102**
 CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE ☐ Delete
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

Shirley Norvelis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 321-720-7996

CR2E034 (9/01)