

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90061 011 ***150.00

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DOCUMENT # F39131

1. Entity Name
NU-YU COSMETICS, INC.



Principal Place of Business
7052 HAZELTINE CIR
LAKELAND FL 33810
US

Mailing Address
P O BOX 5044
P.O. BOX 5044 LAKELAND, FL
LAKELAND FL 33807
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2314830**

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

TOWNSEND, DWAYNE E.
1880 N. CRYSTAL LAKE DR., #11
LAKELAND FL 33801

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

Signature, typed or printed name of registered agent and title if applicable.

(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 Trust Fund Contribution. ☐ **\$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
VTD
TOWNSEND, M FAYE
1880 N CRYSTAL LK DR 11
LAKELAND, FL 00000
☐ Delete
Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
TOWNSEND, M. FAYE
2052 HAZELTINE CIRCLE
LAKELAND, FL 33810
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
TOWNSEND, DWAYNE E
1880 N CRYSTAL LK DR 11
LAKELAND, FL 00000
☐ Delete
Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
TOWNSEND, DWAYNE E.
2052 HAZELTINE CIRCLE
LAKELAND, FL 33810
☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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: *Dwayne E. Townsend*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-03
Date

813-412-2123
Daytime Phone #

CR2E034 (10/02)