## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc

6340-90TH AVENUE NORTH

PINELLAS PARK FL 34666

## DOCUMENT # G41422

1. Entity Name

Principal Place of Business

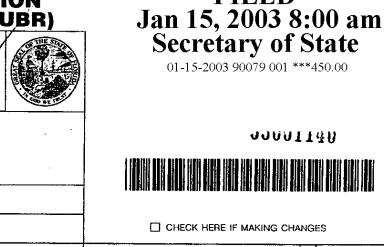
6340-90TH AVENUE NORTH

PINELLAS PARK FL 34666

2. Principal Place of Business

Suite, Apt. #, etc.

INDEPENDENT FLORIDA NAIL CORPORATION



**FILED** 

City & State City & State 4. FEI Number Applied For 59-0862780 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, BONNIE S Street Address (P.O. Box Number is Not Acceptable) 6340-90TH AVENUE NORTH PINELLAS PARK FL 34666 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW IV FEE IS \$ 150,00 P. 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEWIS, TERRENCE E NAME NAME 6340-90TH AVENUE NORTH STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 34666 CITY-ST-7IF CITY-ST-ZIP SD TIEFE ☐ Delete TITLE ☐ Change Addition LEWIS, BONNIE S. NAME NAME 6340-90TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 34666 CITY-ST-ZIP TITLE 🗂 Delete - 🗻 ΠΠF Change Addition. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ΠΠF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 attachagent with an address, with all other like empowered.

CIGNATURE Somie & Lewis Secretary

1/7/03