

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90084 035 ***150.00

0120058 AV

DOCUMENT # K32660

1. Entity Name

CLEAN TEETH AND FINGERNAILS PRODUCTIONS, INC.

Principal Place of Business

1365 S PATRICK DR.

#E

SATELLITE BEACH FL 32937

US

Mailing Address

1365 S PATRICK DR.

#E

SATELLITE BEACH FL 32937

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0073857**

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

KELLY, THOMAS J.

727 HIGH POINT BLVD. 2B

FT PIERCE FL 34982

Name **KELLY, THOMAS J.**

Street Address (P.O. Box Number is Not Acceptable)

1244 ADMIRALTY BLVD.

City **Rockledge**

FL

Zip Code **32955**

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

Thomas J. Kelly

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **KELLY, THOMAS J.**
STREET ADDRESS **727 HIGH POINT BLVD #2B**
CITY-ST-ZIP **FT PIERCE FL**

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

TITLE **VP** ☐ Delete
NAME **GRAZIANO, DAN**
STREET ADDRESS **3685 QUARKERBRIDGE RD**
CITY-ST-ZIP **TRENTON NJ**

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

TITLE **S.** ☐ Delete
NAME **PERNICE, BARBARA**
STREET ADDRESS **586 NW 47TH AVE**
CITY-ST-ZIP **DEERFIELD FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Thomas J. Kelly **THOMAS J. KELLY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

Daytime Phone #

3216330643

CR2E034 (9/01)