

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**  
 02-01-2001 90135 005 \*\*\*150.00

**DOCUMENT # L15484**

1. Entity Name

**TOTAL GROOMING CONCEPTS, INC.**

Principal Place of Business

Mailing Address

%ESPINOSA  
 2441 NW 43RD ST SUITE 24-B2  
 GAINESVILLE FL 32606  
 US

%ESPINOSA  
 2441 NW 43RD ST SUITE 24-B2  
 GAINESVILLE FL 32606  
 US

**911496**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2441 NW 43 St

3. Mailing Address

2441 NW 43 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 28

Suite 28

City & State

City & State

Gville FL

Gville FL

4. FEI Number

59-2991490

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

ESPINOSA, NANCY  
 2441 NW 43 ST  
 SUITE 24-B2 Suite 28  
 GAINESVILLE FL 32606

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, 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 ☐ Delete  
 NAME DP  
 STREET ADDRESS ESPINOSA, NANCY  
 CITY-ST-ZIP 4408 NW 70 TERR  
 GAINESVILLE FL

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

TITLE ☐ Delete  
 NAME DS  
 STREET ADDRESS ESPINOSA, NANCY  
 CITY-ST-ZIP 4408 NW 70 TERRACE  
 GAINESVILLE 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 ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY ESPINOSA

1-10-00

352 375 7833

Date

Daytime Phone #

CR2E034 (10/00)