

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L73531**

1. Entity Name

ACADEMY OF NAIL SCULPTURING INC.

Principal Place of Business

**1801 CREIGHTON RD.
PENSACOLA FL 32504**

Mailing Address

**1801 CREIGHTON RD.
PENSACOLA FL 32504-7211**

2. Principal Place of Business

3. Mailing Address

1810 Creighton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pensacola, FL 32504

4. FEI Number

59-3017767

Applied For

Not Applicable

Zip

Country

Zip

Country

32504

1

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

**UNDERWOOD, MARY M.
4625 AVENIDA MARINA
PENSACOLA FL 32503**

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, 2000 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 **DPS** ☐ Delete
NAME **UNDERWOOD, MARY M.**
STREET ADDRESS **4625 AVENIDA MARINA**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **DVT** ☐ Delete
NAME **UNDERWOOD, AMY E.**
STREET ADDRESS **4675 AVENIDA MARINA**
CITY-ST-ZIP **PENSACOLA 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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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

4-24-00

Date

850 478-2670

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE