

2001 UNIFORM BUSINESS REPORT (UBR)

5/12

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-12-2001 90004 041 ***150.00

DOCUMENT # P00000034502

1. Entity Name

NAILS FOR HER, INC.

Principal Place of Business

**5050-2 SUNBEAM ROAD
 JACKSONVILLE FL 32257**

Mailing Address

**5050-2 SUNBEAM ROAD
 JACKSONVILLE FL 32257**

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

59-3616813

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

**PHAN, LAN T
 331 LARINA STREET APT 605
 JACKSONVILLE FL 32216**

Name

PHAN, LAN T

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

9634 Broken Oak Blvd

JACKSONVILLE

City

FL

Zip Code

32257

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

X Lambhuypphan

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 **PS** ☐ Delete

NAME **PHAN, LAN T**
 STREET ADDRESS **5050-2 SUNBEAM ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VP** ☐ Delete

NAME **LIEN THUY PHAN**
 STREET ADDRESS **9634 Broken Oak Blvd**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

Lambhuypphan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

886-9080

Daytime Phone #

CR2E034 (10/00)