

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90091 013 ***150.00

DOCUMENT # P00000070512

1. Entity Name

CINDY'S NAIL & SKIN CARE STUDIO, INC. *D/B/A*
47th Street Retreat

Principal Place of Business

Mailing Address

4712 SE 15TH AVE, STE B
CAPE CORAL FL 33904

4712 SE 15TH AVE, STE B
CAPE CORAL FL 33904

2. Principal Place of Business

1402 SE 47th St #4

3. Mailing Address

1402 SE 47th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip *33904*

Country

Lee

City & State

Cape Coral FL

Zip

33904

Country

Lee

4. FEI Number

SS# 151626573

☒ 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

GOODRICH, CINDY
4712 SE 15TH AVE, STE B
CAPE CORAL FL 33904

Name *CINPY Goodrich*

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

1402 SE 47th Street #4

City

Cape Coral

FL

Zip Code

33904

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 **D**
 STREET ADDRESS **GOODRICH, CINDY**
 CITY-ST-ZIP **4712 SE 15TH AVE, STE B**
CAPE CORAL FL 33904

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GOODRICH, DEAN**
 CITY-ST-ZIP **4712 SE 15TH AVE, STE B**
CAPE CORAL FL 33904

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

TITLE ☐ Delete
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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)(l), 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: *Cindy Goodrich*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)