

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90208 035 ***150.00

0120563 AV

DOCUMENT # P00000078366

1. Entity Name

NAILS BEAUTIFUL OF BREVARD, INC.

Principal Place of Business

**1024 HWY A1A
SUITE 130
SATELLITE BEACH FL 32937**

Mailing Address

**1024 HWY A1A
SUITE 130
SATELLITE BEACH FL 32937**

80005117



2. Principal Place of Business

3. Mailing Address

2179 PINEAPPLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MELBOURNE, FL

4. FEI Number

59-3665776

Applied For

Not Applicable

Zip

Country

Zip

Country

32935

USA

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

**DIXON, AMY R
1024 HWY A1A
SUITE 130
SATELLITE BEACH FL 32937**

Name

Bosco, Amy D

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

1024 HWY A1A SUITE 130

City

SATELLITE BEACH

FL

Zip Code

32937

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, 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 ☐ Delete
NAME **D**
STREET ADDRESS **DIXON, AMY R**
CITY-ST-ZIP **1001 W. EAU GALLIE BLVD., #205
MELBOURNE FL 32935**

TITLE ☒ Change ☐ Addition
NAME **Bosco, Amy D**
STREET ADDRESS **2179 PINEAPPLE AVE**
CITY-ST-ZIP **MELBOURNE, FLORIDA 32935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

**Jan 5, 2001 321-773
7711**

CR2E034 (9/01)