2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State
02-21-2003 90134 021 ***150.00

DOCUMENT # P00000105084

1. Entity Name
NAIL + BY MARIA, INC.

Principal Place of Business	Mailing Address
385 TEQUESTA DRIVE #6 TEQUESTA FL 33469	385 TEQUESTA DRIVE #6 TEQUESTA FL 33469

2. Principal Place of Business	3. Mailing Address
385 Tequesta Drive	385 Tequesta Drive#5
Suite, Apt. #, etc.: Suite #5	Suite, Apt. #, etc.: Tequesta, Fl
City & State: Tequesta, Fl	City & State
Zip: 33469 Country: Palm Beach	Zip: 33469 Country: Palm Beach

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1057627 ☐ 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
BALASH, IN S 9081 SE DUNCAN STREET HOBE SOUND FL 33455-6924	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
~~After May 1, 2003 Fee will be $550.00~~
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BALASH, IN S 9081 SE DUNCAN STREET HOBE SOUND FL 33455-6924	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GRINNELL, PAMELA 9081 SE DUNCAN STREET HOBE SOUND FL 33455-6924	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Bunker maria 8972 SE water oak place Tequesta, FL 33469 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GRINNELL, CAROL 9081 SE DUNCAN STREET HOBE SOUND FL 33455-6924	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2.28.03 561.744.7760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #