

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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0017880  
AV

DOCUMENT # P00000110500

1. Entity Name  
STATUS TANNING & NAIL STUDIO, INC.



FILED

03 SEP 24 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

BS

Principal Place of Business  
2348 N HWY A1A  
INDIALANTIC FL 32903

Mailing Address  
2348 N HWY A1A  
INDIALANTIC FL 32903

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 59-3208475  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
STONE, LESA J  
2348 N HWY A1A  
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | STONE, LESA J        |                                 |
| STREET ADDRESS | 2348 N HWY A1A       |                                 |
| CITY-ST-ZIP    | INDIALANTIC FL 32903 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

200023310478  
09/24/03--01063--016 \*\*150.00

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03  
Date

Daytime Phone #

CR2E034 (4/03)

20f2

STATUS TANNING & NAIL STUDIO, INC.  
2348 N. HIGHWAY A1A  
INDIALANTIC, FL 32903

September 22, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Status Tanning & Nail Studio, Inc.  
Doc # P00000110500  
TIN: 59-3208475

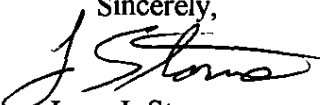
Dear Sir or Madam:

Pursuant to our telephone conversation on Friday, September 19, 2003, please find enclosed my check for \$150.00 along with my 2003 Uniform Business Report.

As I explained during our telephone conversation, I mailed the original report on April 25, 2003 along with my check number 3289 for \$150.00. When I received this second notice, I immediately called my bank to verify if the check had cleared. My bank told me the check was still outstanding.

I respectfully request the penalty for late filing be abated due to circumstances stated above and my Corporation be restored to an active status. Thank you for your assistance in this very important matter.

Sincerely,

  
Lesa J. Stone