

2001 UNIFORM BUSINESS REPORT (UBR)

011748 AT

DOCUMENT # **P0000111545**
 1. Entity Name
NAILS BY LYNN, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 JAN 28 PM 4:00

Principal Place of Business
913 GULF BREEZE PKWY STE X37
GULF BREEZE FL 32561

Mailing Address
913 GULF BREEZE PKWY STE X37
GULF BREEZE FL 32561



2. Principal Place of Business
913 Gulf Breeze Pkwy
 Suite, Apt. #, etc.
suite 37
 City & State
Gulf Breeze, FL
 Zip
32561
 Country
USA

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

REINSTATEMENT DO NOT WRITE IN THIS SPACE 01

6. Name and Address of Current Registered Agent
CRUZ, LILLIAN A
913 GULF BREEZE PKWY STE 32
GULF BREEZE FL 32561

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.
 SIGNATURE DATE **12-28-2001**
Signature, by or for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRUZ, LILLIAN A 1411 SOUNDVIEW TRAIL GULF BREEZE FL 32561 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRUZ, JACOBO A 1411 SOUNDVIEW TRAIL GULF BREEZE FL 32561 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GARDNER, ANNA 401 NORTH N STREET PENSACOLA FL 32501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200004931732--2 -02/15/02--01071--003 ****750.00 ****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 381 North N street
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **12-11-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (5/01)

AD