

# 2001 UNIFORM BUSINESS REPORT (UBR)

011748 AT

DOCUMENT # P00000111545

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

3. Mailing Address  
Suite, Apt. #, etc.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

01

City & State  
Gulf Breeze, FL

City & State

4. FEI Number

NA

Applied For  
Not Applicable

Zip  
32561

Country  
USA

Zip

Country

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

CRUZ, LILLIAN A  
913 GULF BREEZE PKWY STE 32  
GULF BREEZE FL 32561

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  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-28-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CRUZ, LILLIAN A  
1411 SOUNDVIEW TRAIL  
GULF BREEZE FL 32561

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
CRUZ, JACOBO A  
1411 SOUNDVIEW TRAIL  
GULF BREEZE FL 32561

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200004931732--2  
-02/15/02--01071--003  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
GARDNER, ANNA  
401 NORTH N STREET  
PENSACOLA FL 32501

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
381 North N street

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

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: LILLIAN A CRUZ MD

12-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)