

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90072 040 ***150.00

DOCUMENT # P01000014883

1. Entity Name

HOTTIES TAN & NAILS, INC.

Principal Place of Business

**2245 SOUTH WOODLAND BLVD.
 DELAND FL 32720**

Mailing Address

**2245 SOUTH WOODLAND BLVD.
 DELAND FL 32720**

2. Principal Place of Business

2245 S. Woodland Blvd.

3. Mailing Address

2245 S. Woodland Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deland, FL

City & State

Deland, FL

4. FEI Number

59 370 30 39

Applied For

Not Applicable

Zip

32720

Country

Volusia

Zip

32720

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARP, PATRICIA

**349 BLYTHVILLE AVE. 2826 West State Rd 44
 DELTONA FL 32725 Deland FL 32720**

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

PATRICIA HARP

Patricia Harp

4-20-02

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

TITLE **PD** ☐ Delete
 NAME **TORNATORE, KIMBERLY**
 STREET ADDRESS **2470 S. SANFORD AVE.**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **VD** ☒ Delete
 NAME **MORRIS, SONJA**
 STREET ADDRESS **1647 2ND AVE.**
 CITY-ST-ZIP **DELAND**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **Kimberly Giordano**
 STREET ADDRESS **6695 Englem Rd**
 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Rhett Giordano**
 STREET ADDRESS **6695 Englem Rd**
 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

Kimberly Giordano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02 386-299-3013

Date

Daytime Phone #

CR2E034 (9/01)