

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90354 003 ***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
Hotties Tan & Nails
Suite, Apt. #, etc.

3. Mailing Address
2245 S. Woodland Blvd
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Deland FL
Zip
32720
Country
USA

City & State
Deland, FL
Zip
32720
Country
USA

4. FEI Number **59-3703039**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARP, PATRICIA
2826 WEST STATE RD RR
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. 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIORDANO, KIMBERLY	
STREET ADDRESS	6695 ENGEAM ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GIORDANO, RHETT	
STREET ADDRESS	6695 ENGEAM ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Giordano	
STREET ADDRESS	965 Sevilla Ave	
CITY-ST-ZIP	Lake Helen FL 32741	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhett Giordano	
STREET ADDRESS	965 Sevilla Ave	
CITY-ST-ZIP	Lake Helen FL 32741	
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		

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:

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

3-31-03

386-299-3013

Date **Daytime Phone #**

CR2E034 (10/02)