

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 11 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

980030



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000026172**1. Entity Name**
BEAUTIFUL NAILS OF NW FL, INC.**Principal Place of Business**
99 NE EGLIN PKWY.
FT. WALTON BEACH FL 32548**Mailing Address**
99 NE EGLIN PKWY.
FT. WALTON BEACH FL 32548**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3706091

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****NGUYEN, DUNG T**
106-B MONTGOMERY ST.
MARY ESTHER FL 32569**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**

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 \$550.00**
After September 13, 2002 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NGUYEN, DUNG T 106-B MONTGOMERY ST. MARY ESTHER FL 32569 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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:****Signature and Typed or Printed Name of Signing Officer or Director**

Date

Daytime Phone #

9/10/02

9/10/02

**Beautiful Nails of NW FL,
Inc.
99 NE Eglin Pkwy.
Ft. Walton Beach, FL
32548**

Attachment

980535

PO1 000026172

August 30, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We did not receive the original 2002 Uniform Business Report for Beautiful Nails of NW FL, Inc. We are submitting the 2002 UBR with a request for abatement of the \$400.00 penalty.

Sincerely,

Dung T. Nguyen
President