## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #**

P01000028052



## FILED Mar 17, 2003 8:00 am Secretary of State

PRO FILE	ES NAIL (	BALLERY, INC.					03-17-2003 90461 C	009 ***130	J.00	
Principal Place of Business 1631 DEL PRADO BLVD 412 CAPE CORAL FL 33990  2. Principal Place of Business Suite, Apt. #, etc. City & State			Mailing Address 1631 DEL PRADO BLVD 412 CAPE CORAL FL 33990  3. Mailing Address Suite, Apt. #, etc.							
							CHECK HERE IF MAKING CHANGES			
			City & State			<b>4</b> . F6	4. FEI Number 65-1087148 Applied Not App			-
Zip Country		Zip Cou		untry				.75 Additional Required		
	6. Name	and Address of Curren	t Registered Agent			7. N	ame and Address of New Registered	Agent		1
				-	- Name			<del></del>		_
DUNGAN,					Street Address	s (P.O. Bo	x Number is Not Acceptable)			1
2305 SE 19TH AVE					- Carolina de Company					
CAPE CO	RAL FL 339	90								
					City		FL	Zip Cod	ie	
	e named entity tions of regist		for the purpose of changing	g its register	ed office or regist	tered age	nt, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title if applicable.	(NOTE: Registere	ed Agent signature requi	ired when rein	stating) DATE			
F	II E NOW!!	! FEE IS \$150.00	-				<u> </u>			
		1 TEE 10 0130.00								
Afte	r May 1, 200	3 Fee will be \$550.00 Florida Department o			•		Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
Afte	r May 1, 200 k Payable to	3 Fee will be \$550.00	of State	11.		ADD		Added	d to Fees	
Afte Make Check	DP DUNGAN, 2305 SE 1	3 Fee will be \$550.00 Florida Department of OFFICERS AND	of State	THTL NAM STRE	E	ADC	Trust Fund Contribution.	Added	d to Fees	E034 (10/09)
After Make Check  10. TITLE NAME STREET ADDRESS	P May 1, 200 R Payable to DP DUNGAN, 2305 SE 1 CAPE COI DVP MCCLURE 2122 SE 1	3 Fee will be \$550.00 Florida Department of OFFICERS AND TRACI L 9TH AVE RAL FL 33990  , AMI M 8TH PLACE	D DIRECTORS	TITL NAM STRE CITY TITL NAM STRE	EET ADDRESS /-ST-ZIP	ADD	Trust Fund Contribution.	Added	d to Fees	CB9E034 (10/09)
After Make Check  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P May 1, 200 R Payable to DP DUNGAN, 2305 SE 1 CAPE COI DVP MCCLURE 2122 SE 1	OFFICERS AND TRACI L 9TH AVE RAL FL 33990 AMI M	D DIRECTORS  Delete	TITL NAM STRE CITY TITL NAM STRE CITY TITL NAM STRE CITY	E ADDRESS (-ST-ZIP - LE EET ADDRESS (-ST-ZIP - LE EET ADDRESS (-ST-ZIP - LE EET ADDRESS	ADD	Trust Fund Contribution.	Àddec  D DIRECTOR  ☐ Change	d to Fees IS IN 11	CB9E034 (10/09)
After Make Check  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P May 1, 200 R Payable to DP DUNGAN, 2305 SE 1 CAPE COI DVP MCCLURE 2122 SE 1	3 Fee will be \$550.00 Florida Department of OFFICERS AND TRACI L 9TH AVE RAL FL 33990  , AMI M 8TH PLACE	D DIRECTORS  Delete  Delete	TITL NAM STRE CITY TITL NAM STRE CITY TITL CITY TITLL NAM STRE	E AME EET ADDRESS (-ST-ZIP)  E AME EET ADDRESS (-ST-ZIP)  E AME EET ADDRESS (-ST-ZIP)	ADC	Trust Fund Contribution.	Addec	d to Fees S IN 11 Addition Addition	CD9E034 (10/09)
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After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	P May 1, 200 R Payable to DP DUNGAN, 2305 SE 1 CAPE COI DVP MCCLURE 2122 SE 1	3 Fee will be \$550.00 Florida Department of OFFICERS AND TRACI L 9TH AVE RAL FL 33990  , AMI M 8TH PLACE	D DIRECTORS  Delete  Delete	TITL NAM STRE CITY TITL NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE	E AME EET ADDRESS ('-ST-ZIP') E AME EET ADDRESS ('-ST-ZIP') E AME EET ADDRESS ('-ST-ZIP') E BET ADDRESS ('-ST-ZIP') E FAME EET ADDRESS ('-ST-ZIP') E FAME EET ADDRESS	ADD	Trust Fund Contribution.	Addec	d to Fees S IN 11 Addition Addition	CD0E034 (40/09)
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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:**