

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90214 039 ***150.00

DOCUMENT # *P01000076775*

1. Entity Name

EMILY'S NAILS INC.



DO NOT WRITE IN THIS SPACE

00104633

2. Principal Place of Business

3993 TYRONE BLVD

Suite, Apt. #, etc.

104

City & State
ST PETERSBURG, FL

Zip

33709

Country

PINELLAS

3. Mailing Address

3993 TYRONE BLVD.

Suite, Apt. #, etc.

104

City & State
ST. PETE, FL

Zip

33709

Country

PINELLAS

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1127122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Emily T. Nguyen

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

(NOTE: Registered Agent signature required when reinstating)

4-21-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EMILY T. NGUYEN
10461 SHADY OAK LN.
LARGO FL 33777

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Emily T. Nguyen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 (127) 343-1110

Date

Daytime Phone #

CR2E034B (12/02)