2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State
04-08-2002 90257 018 ***158.75

007 332 AV

DOCUMENT # P01000095370

1. Entity Name
ODYSSEY NAIL SYSTEMS, INC.

Principal Place of Business	Mailing Address
1155 WEST STATE ROAD 434 SUITE 111 LONGWOOD FL 32750	1155 WEST STATE ROAD 434 SUITE 111 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6112 - 6114 Silver Star RD		6112 - 6114 Silver Star Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		City & State: Orlando FL	
Zip: 32808	Country: ORANGE	Zip: 32808	Country: ORANGE

4. FEI Number 59 - 3747440 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUU, VAN 1155 WEST STATE ROAD 434 SUITE 111 LONGWOOD FL 32750	Name: LUU, VAN Street Address (P.O. Box Number is Not Acceptable): 6112 - 6114 Silver Star Rd City: Orlando FL Zip Code: 32808

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 ______________________
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUU, VAN 1155 WEST STATE ROAD 434 #111 LONGWOOD FL 32750 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 03/30/01 (407)292-6727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #