


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

4/1

04-01-2003 90043 019 ***150.00

DOCUMENT # P02000027408	
1. Entity Name NAILCO AND SPA, INC.	

Principal Place of Business 1540 UNIVERSITY BLVD W JACKSONVILLE FL 32217	Mailing Address 1540 UNIVERSITY BLVD W JACKSONVILLE FL 32217
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 5246 Suite, Apt. #, etc.
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City & State JAX FL	City & State JAX FL
Zip 32247	Country Dural

4. FEI Number 59-3739594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent PHAN, MICHAEL 1540 UNIVERSITY BLVD W JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent Name PHAN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1504 LARUE Ave Unit # 3 City JACKSONVILLE FL Zip Code 32207
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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 MICHAEL PHAN, Directors <i>Michael Phan</i>	DATE March 28, 2003

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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D PHAN, MICHAEL 1540 UNIVERSITY BLVD W JACKSONVILLE FL 32217	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D PHAN, MILA 1540 UNIVERSITY BLVD W JACKSONVILLE FL 32217	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: <i>Michael Phan</i>	SIGNATURE REQUIRED	DATE: March 28, 2003	DAYTIME PHONE: 904-737-6680
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CR2E034 (10/02)