FILED
May 22, 2003 8:00 am
Secretary of State
04-16-2003 90134 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P02000041405

1. Entity Name
HAPPY NAILS & HAPPY FEET, INC.

Principal Place of Business	Mailing Address
1524-1 COUNTY ROAD 220 ORANGE PARK FL 32003 FL32003	4957 GREENLAND HIDEWAY DR N JACKSONVILLE FL 32258

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		1524-1 County Road 220	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Orange Park, FL	
Zip	Country	Zip: 32003	Country: Clay

4. FEI Number: 04-3678211 ☐ 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
NGUYEN, HOAN C 4957 GREENLAND HIDEWAY DR N JACKSONVILLE FL 32258	Name: Lien Kim T. Nguyen Street Address (P.O. Box Number is Not Acceptable): 1524-1 CR 220 City: Orange Park FL Zip Code: 32003

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 X Lienkimthinguyen   5/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NGUYEN, HOAN C 4957 GREENLAND HIDEWAY DR N JACKSONVILLE FL 32258	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Lien KimTNguyen 1524-1 CR 220 Orange Park FL 32003	☐ Change ☑ Addition
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CR2E034 (10/02)

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: Lienkimthinguyen SIGNATURE REQUIRED   1/20/02   904-982-5898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #