

FILED
Jul 03, 2003 8:00 am
Secretary of State

06-05-2003 90132 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000132476		
1. Entity Name V'S NAIL SCHOOL, INC.		
Principal Place of Business 6251 34 ST UNIT 1 PINELLAS PARK, FL 33781		Mailing Address 6251 34 ST UNIT 1 PINELLAS PARK, FL 33781
2. Principal Place of Business 6251 34th STREET NORTH Suite, Apt. #, etc. SUITE 102 City & State PINELLAS PARK, FL		3. Mailing Address 6251 34th STREET NORTH Suite, Apt. #, etc. SUITE 102 City & State PINELLAS PARK, FL
4. FEI Number 73-11068016		Applied For Not Applicable
5. Certificate of Status Desired 6/30/03		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BUI, VU T 6251 34 ST UNIT 1 PINELLAS PARK, FL 33781		7. Name and Address of New Registered Agent BUI, VU T 6251 34th STREET NORTH SUITE 102 PINELLAS PARK FL 33781
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: [Signature] DATE: 6/30/03 (NOTE: Registered Agent's signature required when transferring)		
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		
10. OFFICERS AND DIRECTORS TITLE: PS NAME: BUI, VU T STREET ADDRESS: 6251 34 ST UNIT 1 CITY-ST-ZIP: PINELLAS PARK, FL 33781		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: PD NAME: BUI, VU T STREET ADDRESS: 6251 34th ST. N., STE. 102 CITY-ST-ZIP: PINELLAS PARK, FL 33781
10. OFFICERS AND DIRECTORS TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: VSTD NAME: HAOON, NIFONG STREET ADDRESS: 6251 34th ST. N., STE. 102 CITY-ST-ZIP: PINELLAS PARK, FL 33781
10. OFFICERS AND DIRECTORS TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]
10. OFFICERS AND DIRECTORS TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]
10. OFFICERS AND DIRECTORS TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: [Signature] DATE: 6/30/03 727-522-4602		