

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CF
ANN. REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000006772 (7)

1. Corporation Name

UNIQUE NAILS, INC.

Principal Place of Business

Mailing Address

1300 EAST BAY DRIVE
SUITE A
LARGO FL 34641

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SUITE A
LARGO FL 34641



3. Date Incorporated or Qualified

11/23/1992

3a. Date of Last Report

04/21/1995

4. FEI Number

59-3149027

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1740 Missouri AV

26 1740 Missouri AV

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 LARGO, FL

28 LARGO, FL

24 Zip

Country

29 Zip

Country

33770

Pine/HAS

33770

Pine/HAS

9. Name and Address of Current Registered Agent

DOUCIERE, JOHN G
883 2ND AVE. NE
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name Douciere, John G
82 Street Address (P.O. Box Number Not Acceptable) 1740 Missouri AV
83
84 City LARGO FL 85 Zip Code 33770

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and board approver

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DOUCIERE, JOHN G
STREET ADDRESS 1300 EAST BAY DR. #A
CITY-ST-ZIP LARGO FL

TITLE VT
NAME PLATTA, ROBERT J.
STREET ADDRESS 5820 N. CHURCH AVE.
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P
12 NAME John G Douciere
13 STREET ADDRESS 1740 Missouri AV
14 CITY-ST-ZIP LARGO, FL 33770

21 TITLE VT
22 NAME NANCY PICKARD
23 STREET ADDRESS 1725 Jefferson AV
24 CITY-ST-ZIP LARGO, FL 33770

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John G. Douciere - John G Douciere 8-12-96 813-586-4911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/96)