

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004214

1. Entity Name

SAINT ARMAND'S NAIL SALON, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90071 015 ***150.00

Principal Place of Business

Mailing Address

4438 BEE RIDGE RD.
SARASOTA FL 34233
US

5625 BOULDER BLVD.
SARASOTA FL 34233-3732
US

2. Principal Place of Business

2945 Bee Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address

2945 Bee Ridge Rd
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0454078

Applied For

Not Applicable

Zip

Country

Sarasota

Zip

Country

Sarasota

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, EDWARD E
5625 BOULDER BOULEVARD
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

4/30/00

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, 2000 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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARTINEZ, KAREN L
5625 BOULDER BLVD
SARASOTA FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MARTINEZ, EDWARD E
5625 BOULDER BLVD
SARASOTA FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
TOWN, L. TOWN
2945 BEE RIDGE ROAD
SARASOTA, FL 34239

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD E. MARTINEZ 4/30/00 924-3100

Date

Daytime Phone #

CR2E034 (9/99)