2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000037768 Apr 06, 2000 8:00 am 1. Entity Name Secretary of State RAYZ TANNING & NAILS, INC. 04-06-2000 90038 017 ***150.00 Principal Place of Business Mailing Address 507 SW 1ST AVE OCALA FL 34474 202 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3313842 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Same YARBROUGH, WILLINE C Street Address (P.O. Box Number is Not Acceptable) 6281 NE 60TH ST SILVER SPRGS FL 34474 Zip Code マリリク ncel a 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Tevry AND Yarbough ☐ Delete TITLE YARBROUGH, TERRY ANN NAME NAME 1908 SE 37th Court Circle STREET ADDRESS 2980 SE 36 ST. STREET ADDRESS CITY-ST-ZIP Ocala, Floride 34471 CITY-ST-ZIP **OCALA FL 34471** Willime C Yarbrough 910 SE 37th Court Delete TITLE TITLE YARBROUGH, WILLINE C NAME NAME Court Circle 1910 SE 6281 NE 60TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SILVER SPRGS FL CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.