

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90051 012 ***158.75

DOCUMENT # P95000059307

1. Entity Name
THE TALK OF THE TOWN NAIL STUDIO, INC.

Principal Place of Business

5326 US HWY 98 NORTH
LAKELAND FL 33809

Mailing Address

5326 US HWY 98 NORTH
LAKELAND FL 33809

2. Principal Place of Business

919 W. Daughtery Rd.
Suite, Apt. #, etc.

3. Mailing Address

919 W. Daughtery Rd.
Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

Country

33809 USA

Zip

Country

33809 USA

4. FEI Number 59-3685787

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

HARRELL, PATRICIA L
5326 US HWY N
LAKELAND FL 33809

Name

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
GAY, SYBIL J
4108 W LONE OAK RD
PLANT CITY FL 33567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
HARRELL, PATRICIA L
707 CARPENTERS WAY #47
LAKELAND FL 33809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
Patricia L. Harrell
3304 Mayday Rd.
Plant City FL 33565 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Sybil J. Gay April J. Gay 4-16-01 863-8591700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)