

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90003 012 ***150.00

DOCUMENT # P95000066451

1. Entity Name

CUSTOM NAILS/MANICURE PLUS, INC.

Principal Place of Business

Mailing Address

16103 ~~CHANCERY PLACE~~ **VILLARREAL**
 TAMPA FL 33613 **DE AVILA**

P.O. BOX 1370043
 TAMPA FL 33697
 33

951107

2. Principal Place of Business

16103 VILLARREAL

3. Mailing Address

Suite, Apt. #, etc. **DE AVILA**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3343359**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PAGLIARULO, BETHANY
16103 CHANCERY PLACE VILLARREAL DE
TAMPA FL 33613 AVILA

7. Name and Address of New Registered Agent

Name

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

16103 VILLARREAL DE AVILA

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

Bethany C. Pagliarulo

3/22/01

(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 **DVP** ☐ Delete
 NAME **PAGLIARULO, ROCCO**
 STREET ADDRESS **P.O. BOX 370043**
 CITY-ST-ZIP **TAMPA FL**

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

TITLE **P** ☐ Delete
 NAME **PAGLIARULO, BETHANY**
 STREET ADDRESS **P. O. BOX 370043**
 CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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:

Bethany C. Pagliarulo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bethany C. Pagliarulo 3/22/01 910-0956

CR2E034 (10/00)