

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040564

1. Entity Name

GEM HAIR & NAIL SALON INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90089 005 ***150.00

Principal Place of Business

10611 TAMiami TRAIL NORTH A-2
NAPLES FL 34108

Mailing Address

10611 TAMiami TRAIL NORTH A-2
NAPLES FL 34108-1938

2. Principal Place of Business

9896 WHITE SANDS PL.
Suite, Apt. #, etc.

3. Mailing Address

9896 WHITE SANDS PL.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BONITA SPRINGS, FL.

City & State

BONITA SPRINGS, FL

4. FEI Number

65-0667112

Applied For

Not Applicable

Zip

34135

Country

LEE

Zip

34135

Country

LEE

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

MCKAY, SHEILA K
675 104TH AVENUE NORTH
NAPLES FL 34108

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: *Sheila K. McKay*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

SHEILA K. MCKAY

4/28/2000
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKAY, SHEILA K	
STREET ADDRESS	675 104TH AVENUE NORTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKAY, MICHAEL D	
STREET ADDRESS	675 104TH AVENUE NORTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000
Date

Daytime Phone #

CR2E034 (9/99)