

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90105 023 ***150.00

932778

DOCUMENT # **79600076037**
 i. Entity Name
ELEGANT NAILS OF TUSCAWILLA, INC.

Principal Place of Business Mailing Address
5695 RED BUG LAKE ROAD SAME
WINTER SPRINGS, FL 32708

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3400331** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GEORGE HODGES
250 S. COUNTY ROAD 427 STE 116
LONGWOOD, FL 32750-5466

7. Name and Address of New Registered Agent
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP
 P, S, T, D JACQUELYN GIBSON 5695 RED BUG LAKE ROAD WINTER SPRINGS, FL 32708
 Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
 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: **Jacquelyn Gibson** **3/30/00** **695-1886**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)