

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102008

1. Entity Name
CAMILLE DAY SPA, INC.

FILED

02 OCT 16 AM 9:28

Principal Place of Business Mailing Address
10065 WEST EMERALD COAST PARKWAY 10065 WEST EMERALD COAST PARKWAY
DESTIN FL 32541 DESTIN FL 32541

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3415354

☒ Applied For
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

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

NUNNERY, BRENDA B
1500 WEST BEACH DRIVE
PANAMA CITY FL
ADDRESS CHANGE:
305 PINE STREET
SANTA ROSA BCH, FL.
32459

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE P. Nunnery
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9607
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D ☐ Delete
NAME NUNNERY, BRENDA B
STREET ADDRESS 10065 WEST EMERALD COAST PARKWAY
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600008445426
CITY-ST-ZIP 10/18/02--01023--021 **750.00

TITLE D ☐ Delete
NAME NUNNERY, PHILLIP H
STREET ADDRESS 10065 WEST EMERALD COAST PARKWAY
CITY-ST-ZIP DESTIN FL 32541

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.6.02 850 763 9016

CR2E034 (4/02)