

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032227

1. Entity Name

ARTISTIC NAILS & MORE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90164 017 ***150.00

Principal Place of Business

Mailing Address

4375 COMMERCIAL WAY
SPRING HILL FL 34607

4375 COMMERCIAL WAY
SPRING HILL FL 34606-1996

2. Principal Place of Business

3. Mailing Address

5115 Commercial Way
Suite, Apt. #, etc.
Spring Hill, Fla.
City & State

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

34607

Hernando

4. FEI Number

59-3458251

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

LAMBUSIS, LAURA
4375 COMMERCIAL WAY →
SPRING HILL FL 34607

Name

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

5115 Commercial Way
Spring Hill, Fla.
City

FL

Zip Code

34607

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 Laura Lambutis
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/00
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LAMBUSIS, LAURA
4375 CP, ERCOA; WAU
SPRINGHILL FL 34607

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
5115 Commercial Way
Spring Hill, Fla 34607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LAMBUSIS, WILLIAM
4375 COMMERCIAL WAY
SPRINGHILL FL 34607

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Laura Lambutis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00 352-597-1441

CR2E034 (9/99)