

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90076 032 ***150.00

DOCUMENT # P97000053466

1. Entity Name
THREE NAILS INCORPORATED

Principal Place of Business

**700 E UNION ST
 STE D2
 JACKSONVILLE FL 32206
 US**

Mailing Address

**7035 PHILLIPS HWY
 SUITE 5-205
 JACKSONVILLE FL 32216
 US**



2. Principal Place of Business

**700 E. UNION ST
 Suite, Apt. #, etc.
 700-38**

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

4. FEI Number **59-3465207**

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

**ROBINSON, CHUCK
 700 E UNION STREET, SUITE D2
 JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent

Name **ROBINSON, CHUCK**
 Street Address (P.O. Box Number is Not Acceptable)
700 E UNION ST, SUITE 700-38
 City **JACKSONVILLE** FL Zip Code **32206**

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 _____
 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, 2002 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 **P** ☐ Delete
 NAME **ROBINSON, CHUCK**
 STREET ADDRESS **700 E UNION ST STE D2**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **VP** ☐ Delete
 NAME **ENCINOSA, ALAN**
 STREET ADDRESS **700 E UNION ST STE D2**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **700 E UNION ST, STE 700-38**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **700 E UNION ST, STE 700-38**
 CITY-ST-ZIP

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

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN ENCINOSA

3/11/02
 Date

904-448-4405
 Daytime Phone #

CR2E034 (9/01)