## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000097858 **DOCUMENT #**

1. Entity Name

PAYLESS NAILS & TANNING, INC.



**FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90074 010 \*\*\*150.00

2000 1065							GO WE IM				
Suffe, Apt 4, etc.   Check HERE IF MAXING CHANGES   Applied For   Check State   Check	Principal Place of Business 21655 STATE RD 7 BOCA RATON FL 33428			21655	21655 STATE RD 7						
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Size Additionable of Status Desired Size Againated Fee Required Fee	2. Principal P	lace of Busin	ness	3. Mailing Address					F 13011333 116 16111 18011 80111 88111 08111 08111 10111 10111 10161 10184 8110 1011 1061		
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$3.75 Application   \$5.75 Application   \$5.75 Application   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
Second   S	City & State			City	& State				4. FEI Number 65-0803308 Applied For Not Applicable		
BOREK, LEOKADIA 23249 BARWQOO UN, #307 BOCA RATON FL 33428  City FL Zip Code  She above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable)  FLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  THE DORK LEOKADIA  SHEET ADDRESS  CITY-ST-ZIP  THE MAKE  CITY ST-ZIP  THE MAKE  CITY ST-ZIP  THE MAKE  CITY ST-ZIP  THE MAKE  SHEET ADDRESS  CITY-ST-ZIP  CITY-ST	Zip Country			Zip	Zip Country						
BOREK, LEOKADIA 23249 BARWQOO UN, #307 BOCA RATON FL 33428  City FL Zip Code  She above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable)  FLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  THE DORK LEOKADIA  SHEET ADDRESS  CITY-ST-ZIP  THE MAKE  CITY ST-ZIP  THE MAKE  CITY ST-ZIP  THE MAKE  CITY ST-ZIP  THE MAKE  SHEET ADDRESS  CITY-ST-ZIP  CITY-ST		6. Name	and Address of Current	Registere	ed Agent			<u> </u>	7. Name and Address of New Registered Agent		
Sirved Address (P.C. Box Number's Not Acceptable)  Sirved Address (P.C. Box Number's Not Acceptable)  City FL Zip Code  City FL Zip Code  The obligations of registered agent.  Signature, typed in crimin when or ingulated agent and the it applicable.  (NOTE Replace of Agent signature required when refusibling)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICIERS AND DIRECTORS  THIS BOREK, LECKADIA  SIREET ADDRESS  SIREET ADRESS  SIREET ADDRESS							Name				
BOCA RATON FL 33428  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 accomplished agent and the liapplicable. (NOTE Registered Agent signature reasons)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  MAKE SIRET ADDRESS 23249 BARWOOD IN \$307  BOCA RATON FL 33428  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME NAME SIRET ADDRESS CITY-ST-2P  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME NAME SIRET ADDRESS CITY-ST-2P  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME NAME SIRET ADDRESS CITY-ST-2P  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME NAME NAME SIRET ADDRESS CITY-ST-2P  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME NAME SIRET ADDRESS CITY-ST-2P  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME NAME SIRET ADDRESS CITY-ST-2P  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME SIRET ADDRESS CITY-ST-2P  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME NAME SIRET ADDRESS CITY-ST-2P  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME SIRET ADDRESS CITY-ST-2P  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME SIRET ADDRESS CITY-ST-2P  112. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME SIRET ADDRESS CITY-ST-2P  113. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME SIRET ADDRESS CITY-ST-2P  114. NAME SIRET ADDRESS CITY-ST-2P  115. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME SIRET ADDRESS CITY-ST-2P  116. NAME NAME SIRET ADDRESS CITY-ST-2P  117. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME NAME SIRET ADDRESS CITY-ST-2P  117. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME SIRET ADDRESS CITY-ST-2P  118. NAME SIRET ADDRESS CITY-ST-2P  119. Change SIRET AD	•		#307					Street Address (P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorica. I am familiar with, and acc the obligations of registered agent.    I											
The obligations of registered agent.    1			,						FL   '		
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTUE PD	SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	E: Registere	d Agent signature r	equired wh	when reinstating) DATE		
MANE MANE MANE MANE MANE MANE MANE MANE				of State							
MAME 23249 BARWOOD LN #307 BOCA RATON FL 33428  TITLE AVANGE STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS AND	DIRECTO	RS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address				☐ Delete	NAM Stre	E ET ADDRESS		☐ Change ☐ Addition		
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	iame Treet address	and the state of the		Alexa etc	☐ Delete	NAMI STRE	E Et address		☐ Change ☐ Addition		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

56/-376-4460 Daytime Phone #