

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053364

1. Entity Name

NAIL & BODY SPA OF EAST BRADENTON, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90225 007 ***150.00

Principal Place of Business

5907 53RD AVENUE, EAST
BRADENTON FL 34203

Mailing Address

5907 53RD AVENUE, EAST
BRADENTON FL 34203-9705

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 65-0841731

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

PRICE, SALLY
5907 53RD AVENUE, EAST
BRADENTON FL 34208

Name DONNA SILLIMAN

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

7003 - 32ND AVE E

City BRADENTON

FL

Zip Code
34208

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 Donna Silliman DONNA SILLIMAN

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

(NOTE: Registered Agent signature required when reinstating)

1-8-2000

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 D ☐ Delete
NAME PRICE, SALLY
STREET ADDRESS 6113 26TH AVENUE EAST
CITY-ST-ZIP BRADENTON FL 34208

TITLE D/V. ☒ Change ☐ Addition
NAME Feliz, Sally
STREET ADDRESS 6113 - 26 AVE EAST
CITY-ST-ZIP BRADENTON, FL 34208

TITLE D ☐ Delete
NAME SILLIMAN, DONNA
STREET ADDRESS 7003 32RD AVENUE EAST
CITY-ST-ZIP BRADENTON FL 34208

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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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 like empowered.

SIGNATURE:

Donna Silliman Donna Silliman 1-8-2000 (941) 727-7729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)