

AMENDED  
**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000053364

1. Entity Name

NAIL & BODY SPA OF BRADENTON, INC.

FILED 091100  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 SEP 12 PM 2:26

Principal Place of Business

5907 53rd Avenue, E.  
 Bradenton, FL 34208

Mailing Address

Same

2. Principal Place of Business

Same as above  
 Suite, Apt. #, etc.

3. Mailing Address

same as above  
 Suite, Apt. #, etc.

City & State

Zip

Country

Sarasota

City & State

Zip

Country

Sarasota

4. FEI Number

65-0841731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Donna Sullivan a/k/a Donna Silliman  
 7003 32nd Avenue, E.  
 Bradenton, FL 34208

7. Name and Address of New Registered Agent

Name

Beth Smalley

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

5907 53rd Avenue, 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

9/1/00

DATE

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

(NOTE: Registered Agent signature required when reinstating)

Beth Smalley, President

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

TITLE	Dir.	<input checked="" type="checkbox"/> Delete
NAME	Donna Silliman	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/Dir	<input checked="" type="checkbox"/> Delete
NAME	Sally Feliz	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beth Smalley	
STREET ADDRESS	5907 53rd Avenue, E.	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	VP/T/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Smalley	
STREET ADDRESS	5907 53rd Avenue, E.	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Beth Smalley, President

9/1/00

Daytime Phone #

CR2E034 (9/99)