

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01

FILED

Feb 09, 2001 8:00 am
Secretary of State

01-19-2001 90065 028 ***150.00

DOCUMENT # P98000053521

1. Entity Name
TQ NAILS, INC.

Principal Place of Business
**1801 NW HWY 19 #585
CRYSTAL RIVER FL 34428**

Mailing Address
**1801 NW HWY 19 #585
CRYSTAL RIVER FL 34428**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3518939**

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

7. Name and Address of New Registered Agent

**THAI, NGUYEN
1801 NW HWY 19 #553
CRYSTAL RIVER FL 34428**

Name **QUYNH LE**
Street Address (P.O. Box Number is Not Acceptable) **1801 NW HWY 19 STE 585**
City **CRYSTAL RIVER** FL Zip Code **34428**

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

1/9/2001

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, 2001 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 **THAI, NGUYEN**
STREET ADDRESS **1801 NW HWY 19 #553**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **NGUYEN M THAI** ☐ Change ☒ Addition
NAME **1801 NW HWY 19 STE 585**
STREET ADDRESS **CRYSTAL RIVER FL 34428**
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 1/9/2001 (982) 564 5148

Date

Daytime Phone

CR2E034 (10/00)