

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103894

1. Entity Name

CHAUMARSCH, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90039 046 ***150.00

Principal Place of Business

POST OFFICE BOX 770056
ORLANDO FL 32872-0056

Mailing Address

POST OFFICE BOX 770056
ORLANDO FL 32877-0056

000200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MAGIC NAILS II

3. Mailing Address

MAGIC NAILS II

Suite, Apt. #, etc.

8106 S. ORT

Suite, Apt. #, etc.

8006 S. Orange Blossom Trail

City & State

Orlando, FL

City & State

Orlando, FL 32809

Zip

32809

Country

USA

Zip

32809

Country

USA

4. FEI Number

59-3550199

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

CHAU, ANDY
12306 BOHANNON BOULEVARD
ORLANDO FL 32824

Name

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

City

FL

Zip Code

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D CHAU, ANDY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAU, ANDY	NAME	
STREET ADDRESS	12306 BOHANNON BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	CITY-ST-ZIP	
TITLE	D NGUYEN, HANG <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NGUYEN, HANG	NAME	
STREET ADDRESS	12306 BOHANNON BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	CITY-ST-ZIP	
TITLE	D MARSCH, THOMAS G <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSCH, THOMAS G	NAME	
STREET ADDRESS	12932 LAKE SHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	
TITLE	D MARSCH, THAO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSCH, THAO	NAME	
STREET ADDRESS	12932 LAKE SHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Thomas G. Marsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00
Date

1-352-241-9856
Daytime Phone #

CR2E034 (9/99)