FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P49000 30900

Noteable Nails by Marza



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE											
2. Principal Place of Business 3. Mailing Address											
1170	<u>3rd</u>	Street		Pole	ocy /	942					
Suite, Apt.				Suite, Apt. #, e	tc.				DO NOT WRIT	E IN THIS SPAC	CE
City & State		Fla		City & State		Fla		4. FEI	Number 59357		Applied For Not Applicable
Zip 3 410	01	Collie	, _	34/01	'	Collie:	r	5. Ce	rtificate of Status Desired		75 Additional Required
The plant of the p						7. Name and Address of Current Registered Agent					
DO NOT WRITE						Marza Kichelle Casebeer					
IN THIS SPACE						Street Address (P.O. Box Number is Not Acceptable) 441 Quail Forcest Blud # 208					
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						City	O LO	> ما		FL	Zip Code 3 4 / 0 7
			atement for t	he purpose of cha	nging its rec	gistered office or	registere	d agen	t, or both, in the State of Flo	rida. I am famili	
the obligat	ions of register	red agent.	7						_	1 . 7	
SIGNATURE .		K	ptored agent and	Ititle if applicable.	(NOTE: Po	egistered Agent signatu	re remined w	adea cainel	ration) Y	122/4	<u>/</u>
	nuary 1 - May	1 Fee is \$1	50.00	, me ii appresse.	(140.12.110	grater of Agent organic	- Contraction	1	<u> </u>		
	Amended I	Fee is \$550. JBR is \$61.2	5						Election Campaign Finance Trust Fund Contribution		\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS						Markey Committee	THE CONTRACTOR			AC Jahra Cara	
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NAME	Marz	ca Rich	nelle (asebee	· ~	NAME		ſμ	1 <u>728/04 01082</u>	002 441	50.700
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12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR