

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043364

1. Entity Name

NAILIZE, INC. II

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90039 041 \*\*\*150.00

Principal Place of Business Mailing Address  
9713 CAROUSEL CIR. NORTH 9713 CAROUSEL CIR. NORTH  
BOCA RATON FL 33434 BOCA RATON FL 32137-8422

2. Principal Place of Business 3. Mailing Address  
9101 LAKE RIDGE BLVD 7 FRANKFORD LN  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
BOCA RATON, FL

City & State City & State  
9101 LAKE RIDGE BLVD PALM COAST, FL  
Zip Country Zip Country  
33496 USA 32137 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0920397 Applied For  
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

EKLUND, CAROL E  
9713 CAROUSEL CIR. NORTH  
BOCA RATON FL 33434

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
7 FRANKFORD LN  
City PALM COAST FL Zip Code 32137

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

TITLE D  
NAME EKLUND, MELISSA A  
STREET ADDRESS 9713 CAROUSEL CIR. NORTH  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE D  
NAME MCGOVERN, SANDRA V  
STREET ADDRESS 9713 CAROUSEL CIR. NORTH  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 10281 HIDDEN SPRINGS CT  
STREET ADDRESS BOCA RATON, FL 33498  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9278 KETAY CIRCLE  
CITY-ST-ZIP BOCA RATON, FL 33428

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

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

TITLE ☐ Change ☐ Addition  
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:

Melissa Eklund, President 1/16/00 5618838699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #