

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90090 003 ***150.00

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DOCUMENT # P99000043364

1. Entity Name
NAILIZE, INC. II



Principal Place of Business
**9101 LAKERIDGE BLVD
BOCA RATON FL 33496**

Mailing Address
**7 FRANKFORD LN
PALM COAST FL 32137**

30013040



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
15280 JOG RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE H

City & State
DELRAY BEACH FL

City & State

4. FEI Number **65-0920397**

Applied For

Not Applicable

Zip **33484** Country **PALM BEACH**

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

**EKLUND, CAROL E
7 FRANKFORD LN
PALM COAST FL 32137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EKLUND, MELISSA A
10281 HIDDEN SPRINGS CT
BOCA RATON FL 33498** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1003 NE 9TH AVE, #3
DELRAY BEACH, FL 33483** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGOVERN, SANDRA V
9278 KETAY CIRCLE
BOCA RATON FL 33428** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2600 GREENWOOD TER # G104
33431** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MELISSA A. EKLUND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07 561-865-0879
Date Daytime Phone #

CR2E034 (10/02)