

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000047210

1. Entity Name

NO NONSENSE NAILS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-03-2000 90189 047 ***158.75

Principal Place of Business

7651 NORTHTREE WAY
LAKE WORTH FL 33467

Mailing Address

7651 NORTHTREE WAY
LAKE WORTH FL 33467-7958

2. Principal Place of Business

7720-A NW 56 Way

Suite, Apt. #, etc. A

3. Mailing Address

7720-A NW 56 Way

Suite, Apt. #, etc. A



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

658921529

Applied For

Not Applicable

Zip

33073

Country

U.S.

Zip

33073

Country

U.S.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DURSO, URSULA
7651 NORTHTREE WAY
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

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

Ursula Durso

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 NAME ☐ Delete

Ursula Durso
7651 Northtree Way
Lake Worth, FL 33467

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

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TITLE NAME ☐ Delete

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TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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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:

Ursula Durso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

954-425-0340

Daytime Phone #

CR2E034 (9/99)