

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P99000057267

1. Entity Name

NAILS 2000, INC.

FILED

Jul 05, 2000 8:00 am
Secretary of State

05-10-2000 90137 050 ***150.00

Principal Place of Business 255 SOUTHEAST U.S. HIGHWAY 19 SUITE 21 CRYSTAL RIVER FL 34429	Mailing Address 255 SOUTHEAST U.S. HIGHWAY 19 SUITE 21 CRYSTAL RIVER FL 34429-4826
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2. Principal Place of Business 255 S.E. Hwy 19 Suite, Apt. #, etc. SUITE 21	3. Mailing Address 255 S.E. Hwy 19 Suite, Apt. #, etc. SUITE 21
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City & State CRYSTAL RIVER	City & State CRYSTAL RIVER	4. FEL Number 125-0944640	Applied For Not Applicable
Zip 34429	Country FLORIDA	Zip 34429	Country FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name: MARYLYN L. JUDGE Street Address (P.O. Box Number is Not Acceptable) 6019 W. WOODSIDE CIRCLE City: CRYSTAL RIVER FL 34429	
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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: MARYLYN L. JUDGE DATE: 3/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	PSTD JUDGE, MARYLYN L 255 SOUTHEAST U.S. HIGHWAY 19 CRYSTAL RIVER FL 34429 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANKLIN, LEON H 255 SOUTHEAST U.S. HIGHWAY 19 CRYSTAL RIVER FL 34429 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARYLYN L. JUDGE DATE: 3/30/00 (352) 546-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #