

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Artistic Hair + Nail Designs

Principal Place of Business

Mailing Address

4440 N. Oceanshore Blvd  
Palm Coast FL 32137

2. Principal Place of Business

3. Mailing Address

4440 N. Oceanshore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palm Coast FL 32137

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3631963 222412

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAR -7 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Cathyanne Pacifico  
62 Pebble beach Dr  
Palm Coast FL 32164

7. Name and Address of New Registered Agent

Name CATHYANNE PACIFICO  
Street Address (P.O. Box Number is Not Acceptable)  
4440 N. OCEANSHORE BLVD.  
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 Cathyanne Pacifico, Pres Cathyanne Pacifico, Pres 2/10/01

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, 2001 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	CATHYANNE PACIFICO	
STREET ADDRESS	4440 N. OCEANSHORE BLVD	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	VINCENT J. PACIFICO	
STREET ADDRESS	4440 N. OCEANSHORE BLVD.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	CATHYANNE PACIFICO	
STREET ADDRESS	4440 N. OCEANSHORE BLVD	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600003851286--3	
CITY-ST-ZIP	-03/13/01--01112--001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600003851286--3	
CITY-ST-ZIP	-03/13/01--01112--002	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/01 (904) 445-6888

CR2E034 (11/00)

2018

Artistic Hair and Nail Designs  
4440 N. Oceanshore Blvd.  
Palm Coast, FL 32137

February 3, 2001

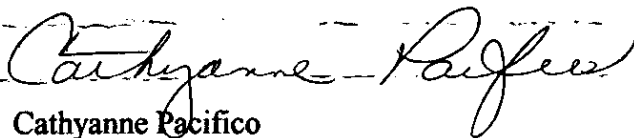
In reply to: Artistic Hair and Nail Designs

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

~~To Whom It May Concern:~~

Last spring, my beauty salon became a corporation. This was and is a new business situation for me. I am not accustomed to all of the requirements yet. I depend a great deal on my receptionist because a hairdresser's greatest concentration is focused on the customer. Unbeknown to me, the receptionist was collecting mail and "filing" most of it without even opening it. When it became apparent that basic bills like utilities were late, I began a gentle inquiry. Our receptionist was in a depression and finally had a full-blown nervous breakdown in November. She left abruptly due to her illness without notice and my father died the next day. To sum up, I finally found the mail, important papers, and other necessary to my business information stuffed in the rear of a filing cabinet in a closet. I now realize that I am late for the 2000 incorporation fee, and I also face a penalty. I implore you to consider these circumstances and waive the penalty. A check for the 2000 and 2001 fee is enclosed and I await your decision. Please consider these circumstances. My family has faced a very difficult previous year with the illness and death of my father and now the care of a very ill mother.

Sincerely,

  
Cathyanne Pacifico