

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90046 002 ***158.75

DOCUMENT # P99000083684

1. Entity Name
ARTISTIC HAIR AND NAIL DESIGNS, INC.

Principal Place of Business
**4440 N. OCEANSHORE BLVD., STE. 104
PALM COAST FL 32137**

Mailing Address
**4440 N. OCEANSHORE BLVD., STE. 104
PALM COAST FL 32137**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3631963**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PACIFICO, CATHYANNE
4440 N. OCEANSHORE BLVD.
PALM COAST FL 32137**

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PS** ☐ Delete
NAME **PACIFICO, CATHYANNE**
STREET ADDRESS **4440 N. OCEANSHORE BLVD.**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **VP** ☐ Delete
NAME **PACIFICO, VINCENT J**
STREET ADDRESS **4440 N. OCEANSHORE BLVD.**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Cathianne Pacifico*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/02 386-445-6188
Date Daytime Phone #

CR2E034 (4/02)

Attachment 873399

P99000083681

Artistic Hair & Nail Designs
4440 N. Oceanshore Blvd. A1A
Palm Coast, Florida 32137

September 17, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom it may concern:

The 2002 Uniform Business Report was received on Monday, September 16, 2002.
Please waive the late fee. This report was not sent earlier. Our accountant said we should
have received this in February or March. Thank You.

Sincerely Yours,

Cathyanne Pacifico, President

Cathyanne Pacifico

Vincent J. Pacifico, Vice President

Vincent J. Pacifico