

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91063 026 ***150.00

DOCUMENT # P99000109943

1. Entity Name

CREATIONS HAIR AND NAIL SALON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

129 5th Avenue

Suite, Apt. #, etc.

3. Mailing Address

129 5th Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Indialantic, FL

Zip

32903

Country

USA

City & State

Indialantic, FL

Zip

32903

Country

USA

4. FEI Number

59-3616170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Carla Tomasura

Street Address (P.O. Box Number is Not Acceptable)

129 5th Avenue

City

Indialantic,

FL

Zip Code

32903

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P VP S T
NAME Carla Tomasura
STREET ADDRESS 129 5th Avenue
CITY-ST-ZIP Indialantic, FL 32903

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carla Tomasura
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carla Tomasura

4/11/03

321-723-2074

Date

Daytime Phone #

CR2E034B (12/01)