

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90074 009 ***150.00

DOCUMENT # P99000110604

1. Entity Name
NAILSHOP TYRONE SQUARE, INC.

Principal Place of Business
6901 22ND AVE N. SUITE 702
ST PETERSBURG FL 33710
US

Mailing Address
PO BOX 1938
RIDGELAND MS 39158
US



2. Principal Place of Business
2438 TYRONE WAY
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST PETERSBURG, FL
 Zip
33710
 Country
PINELLAS

City & State
 Zip
 Country

4. FEI Number
64-0919510

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NGUYEN, BINH O
5335 58TH ST NORTH
KENNETH CITY FL 33709

7. Name and Address of New Registered Agent

Name
NGUYEN, BINH
 Street Address (P.O. Box Number is Not Acceptable)
1009 38TH AVE NORTH
 City
ST PETERSBURG **FL** Zip Code
33704

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 DATE **01/21/02**
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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
NGUYEN, BINH
6901 22ND AVE N STE 702
SAINT PETERSBURG FL 33710 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
1009 38TH AVE NORTH
ST PETERSBURG FL 33704

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
VU, HIEN
PO BOX 1938
RIDGELAND MS 39158 ☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ 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: DATE **01/21/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)