

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111929

1. Entity Name

NATURAL NAIL CARE CLINIC, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90039 046 ***150.00

Principal Place of Business

Mailing Address

4720 ST CROIX LANE, APT 125
NAPLES FL 34109

4720 ST CROIX LANE, APT 125
NAPLES FL 34109

2. Principal Place of Business

3106 Tamiami Trl. N.

3. Mailing Address

3106 Tamiami Trl. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

59-3015545

☒ Applied For

☐ Not Applicable

Zip

34103

Country

U.S.A.

Zip

34103

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDEN, CHRISTIAN B
GULF COAST NATIONAL BANK
3838 TAMIAAMI TRAIL NORTH, SUITE 416
NAPLES FL 34103

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.

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JULIEN, ALLYN B
4720 ST CROIX LANE, APT 125
NAPLES FL 34109

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPBELL, JULIE C
4720 ST CROIX LANE, APT 125
NAPLES FL 34109

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Julie C. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 19, 2000 (941) 594-2689
Date Daytime Phone #

CR2E034 (9/99)