

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111929

Entity Name
NATURAL NAIL CARE CLINIC, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 31 AM 8:00

Principal Place of Business
3106 TAMIAMI TRL N
NAPLES FL 34103
JS

Mailing Address
3106 TAMIAMI TRL N
NAPLES FL 34103
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



☐ CHECK HERE IF MAKING CHANGES

MRD

4. FEI Number 59-3633059 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FELDEN, CHRISTIAN B
GULF COAST NATIONAL BANK
3838 TAMIAMI TRAIL NORTH, SUITE 416
NAPLES FL 34103

7. Name and Address of New Registered Agent
Name JULIE C. CAMPBELL
Street Address (P.O. Box Number is Not Acceptable)
1105 TURTLE CREEK DR. #322
City NAPLES FL Zip Code 34110

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 *Julie C Campbell* JULIE C. CAMPBELL PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIEN, ALLYN B		NAME		
STREET ADDRESS	4720 ST CROIX LANE, APT 125		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JULIE C		NAME	JULIE C. CAMPBELL	
STREET ADDRESS	4720 ST CROIX LANE, APT 125		STREET ADDRESS	1105 TURTLE CREEK DR. #322	
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julie C Campbell* 8-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0639421 AV

CR2E034 (10/02)