

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111929

1. Entity Name  
NATURAL NAIL CARE CLINIC, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 12 AM 8:00

Principal Place of Business  
3106 TAMiami TrL N  
NAPLES FL 34103  
US

Mailing Address  
3106 TAMiami TrL N  
NAPLES FL 34103  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

*MRS*

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

7. Name and Address of New Registered Agent

FELDEN, CHRISTIAN B  
GULF COAST NATIONAL BANK  
3838 TAMiami 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. 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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D JULIEN, ALLYN B  
4720 ST CROIX LANE, APT 125  
NAPLES FL 34109 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400023109734  
03/16/03--01062--003 \*\*550.00 ☐ Change ☐ Addition

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

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

TITLE  
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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 affidavit with all other like empowered.

SIGNATURE:

*Julie C Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

Daytime Phone #

CR2E034 (4/03)

0106273 AV