

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90022 027 ***150.00

053120 AV

DOCUMENT # V10977

1. Entity Name

FASHION NAILS, INC.

Principal Place of Business

**9119 W VETERANS DR
 HOMOSASSA FL 34448
 US**

Mailing Address

**9119 W VETERANS DR
 HOMOSASSA FL 34448
 US**

402074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9119 W. Veterans DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

Homosassa, FL

City & State

Zip

34448

Country

USA

Country

4. FEI Number

65-0314180

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

FLEIT, MARTIN

520 BRICKELL KEY DR

A201

MIAMI FL 33131

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, 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	PD	<input type="checkbox"/> Delete
NAME	JENKINS, NEVIN C.	
STREET ADDRESS	132A	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FLEIT, MARTIN	
STREET ADDRESS	520 BRICKELL KEY DRIVE, #A-20	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HAGAR, GREGORY BRANNE	
STREET ADDRESS	950 W MAIN ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE RECEIVED
Nevin C. Jenkins

1-21-02

Date

Daytime Phone #

CR2E034 (9/01)