

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90063 010 ****61.25

DOCUMENT # 705878

1. Entity Name
SUNTAN ART CENTER, INC.



Principal Place of Business

**3500 GULF BV
SAINT PETERSBURG FL 33706**

Mailing Address

**3500 GULF BV
SAINT PETERSBURG FL 33706**

2. Principal Place of Business

Suntan Art Center Inc

Suite, Apt. #, etc.
139-107th Ave

City & State
Treasure Island, FL

Zip
33706

Country
Pinellas

3. Mailing Address

Suntan Art Center

Suite, Apt. #, etc.
139-107th Ave

City & State
Treasure Island, FL

Zip
33706

Country
Pinellas



CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7033821**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEUM, JEAN A.
3580-38TH AVE.S. #93
ST. PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

Name **Ethel Owens Wagner**

Street Address (P.O. Box Number is Not Acceptable)
1100-55th Ave N

City **ST Petersburg**

FL

Zip Code
33703

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 **Ethel Owens Wagner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/29/03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
NAME **DIDDAY, KERRY**
STREET ADDRESS **8000 SAILBOAT KEY BLVD #A 106**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **TD** Delete
NAME **BEUM, JEAN**
STREET ADDRESS **3580-38TH AVE #93**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VPD** Delete
NAME **TEASLEY, JEAN**
STREET ADDRESS **1630 A ROYAL PALM DR**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **TD** Delete
NAME **JONES, LIBIT**
STREET ADDRESS **3500 12TH AVENUE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **P, VP, D
Teasley, Jean**
STREET ADDRESS **1630 A ROYAL PALM DR**
CITY-ST-ZIP **Gulf Port, FL 33707**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **Ethel Owen Wagner**
STREET ADDRESS **1100-55th Ave N**
CITY-ST-ZIP **ST Petersburg, FL 33703**

TITLE Change Addition
NAME
STREET ADDRESS
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 617, 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: **Ethel Owens Wagner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/03

Date

727-526-0664

Daytime Phone #

CR2E037 (4/03)