

04-02-2002 90970 015 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000060697
 1. Entity Name
 REEL TAN II, INC.

26641

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12740-11 Atlantic Blvd. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 334 E. Duval Street <small>Suite, Apt. #, etc.</small>
---	---

DO NOT WRITE IN THIS SPACE

City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 59-3233493	Applied For Not Applicable
Zip 32225	Country	Zip 32202	Country

DO NOT WRITE IN THIS SPACE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Earl M. Barker, Jr.		
	Street Address (P.O. Box Number is Not Acceptable) 334 E. Duval Street		
City Jacksonville		FL	Zip Code 32202

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. (NO) If Registered Agent signature required when retreating. (NAT)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

11. OFFICERS AND DIRECTORS			
TITLE	D,P,T	TITLE	
NAME	Brooke L. Spitzer	NAME	
STREET ADDRESS	12740-11 Atlantic Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32225	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Hollyn J. Poster	NAME	
STREET ADDRESS	334 E. Duval Street	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brooke L. Spitzer Brooke L. Spitzer 3/20/02 (904) 278-7335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)