2003 FOR PROFIT CORPORATION

FILED Mar 10, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000005875 DOCUMENT # 1. Entity Name 03-10-2003 90769 046 ***150.00 TAN FASTIC TANNING & NAILS, INC. Principal Place of Business Mailing Address 5626 TROUBLE CREEK RD. 23 EAST-TARPON AVE. NEW PORT RICHEY FL 34653 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address 5626 TROUBLE CREEK RD. Suite, Apt. #, etc. K CHECK HERE IF MAKING CHANGES City & State 4. FEI Number NEW PORT RICHEY, 30-0035163 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34652 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRACY M FABIAN.

CityNEW PORT RICHEY Zip Code 2 8. The above named entit If 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 r

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After-May 1, 2003 Fee will be \$550.00

KLIMIS, GEORGE N

23 EAST TARPON AVE: **TARPON SPRINGS FL 34689**

> 9. Election Campaign Financing Trust Fund Contribution.

WWW TO BUILDING

5626 TROUBLE CREEK ROAD

\$5.00 May Be Added to Fees

Applied For

Not Applicable

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D/P/T/S TITLE ☐ Delete TITLE Change ☐ Addition FABIAN, TRACY M. NAME FABIAN, TRACY M NAME STREET ADDRESS 5626 TROUBLE CREEK RD. STREET ADDRESS 5626 TROUBLE CREEK ROAD CITY-ST-ZIP **NEW PORT RICHEY FL 34653** CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 attachme

SIGNATURE:X

IRECTRACY M. FABIAN