2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

426158 DOCUMENT

1. Entity Name

TANNING RESEARCH LABORATORIES, INC.



FILED Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90097 021 ***150.00

		_	(3)				
Principal Place of Business 1190 U.S. HIGHWAY #1 NORTH ORMOND BEACH FL 32174-2997		Mailing Address 1190 U.S. HIGHWAY #1 NORTH ORMOND BEACH FL 32174-2997					
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2. Principa	al Place of Business	3. Mailing Address					
Suite, A	pt. #, etc.	Suite, Apt. #, etc.					
City & S	State	City & State			4. FEI Number FO 4470700		
Zip	Country				59-1478799		Applied For Not Applicable
		Zip	Country		5. Certificate of Status Desired	¬ \$8.75 A	dditional
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Regist	Fee Requi	red
ADAMS.	ADAMS,LARRY L.			Name			
	1190 U.S. HIGHWAY #1 NORTH			et Address (P	O. Box Number is Not Acceptable)		
	D BEACH FL 32174				<u> </u>		
			City		<u> </u>		
8 The above	No paged entity as being the		City			FL Zip Co	de
the oblig	ve named entity submits this statement for ations of registered agent.	or the purpose of changing its	registered office	or registere	d agent, or both, in the State of Florida.	I am familiar with	, and accept
SIGNATURE			•		,		
JIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent sig	nature required w	hen reinstating)		
	FILE NOW!!! FEE IS \$150.00					DATE	
Afte	er May 1, 2003 Fee will be \$550.00				9. Election Campaign Financin	g _ \$5. (00 мау Ве
10.	ck Payable to Florida Department o	4			Trust Fund Contribution.	Adde	d to Fees
TITLE	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11
NAME	RICE, RONALD J	☐ Delete	TITLE NAME	VP .		☐ Change	Addition
STREET ADDRESS	175 OCEANSHORE BLVD.		STREET ADDRESS	Jei:	f Lalanne		
CITY-ST-ZIP	ORMOND BEACH FL		CITY-ST-ZIP	Ormo	ross Creek Way Ond Beach, FL 32174		
TITLE Name	EV SURRETTE, JACK E.	☐ Delete	TITLE	VP	21d Deach, FL 321/4	Change	☐ Addition
STREET ADDRESS	427 PALM AVENUE		NAME	Patr	cick Lewis		
CITY-ST-ZIP	ORMOND BEACH FL		STREET ADDRESS CITY-ST-ZIP	32 (Circle Creek Way		i
TITLE	EVT	☐ Delete	TITLE	Urmc VP	ond Beach, FT. 32174		
NAME STREET ADDRESS	JENNINGS, WILLIAM F.		NAME		is Lott	☐ Change	Addition
CITY-ST-ZIP	PRINCE SHAPOW CREEK WAXX 19	Wild Cat Lane	STREET ADDRESS		N. Oceanshore Blvd.		
ITLE	EVS		CITY-ST-ZIP	Flag	ler Beach, FL-32136		
IAME	ADAMS, LARRY L.	☐ Delete	TITLE NAME	VP		Change	☐ Addition
STREET ADDRESS	687 OCEAN SHORE BLVD.		STREET ADDRESS		Venema rnery Trail		
STY-ST-ZIP	ORMOND BEACH FL	<u> </u>	CITY-ST-ZIP		nd Beach, FL 32174		
ITLE 'AME İ	Shelly Coluccio	☐ Delete	TITLE	VP	JC1/4_	☐ Change	Addition
TREET ADDRESS	689 Wellington Stati	on #47	NAME STREET ADDRESS		y Butler		_ :
ITY-ST-ZIP	Ormond Beach, FL 321	74	STREET ADDRESS CITY-ST-ZIP	3788	West Fork Road		
TLE	VP	☐ Delete	TITLE	VP VP	ay, KY 42017		
AME	Karen Jessee		NAME	1	d Wooten	Change	☐ Addition
REET ADDRESS TY-ST-ZIP	13 Bulow Woods Circle	е	STREET ADDRESS		nerry Hill Lane		
	Flagler Beach, FL 32	136	CITY-ST-ZIP		DV ADDIT		

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-677-9559