

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705878

1. Entity Name

SUNTAN ART CENTER, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90098 035 ****61.25

Principal Place of Business

Mailing Address

DON VISTA BLDG. 3300 GULF BLV

DON VISTA BLDG. 3300 GULF BLV

~~P.O. BOX 68825~~

~~P.O. BOX 68825~~

ST. PETERSBURG BCH. FL 33736-6825

ST. PETERSBURG BCH. FL 33706-4047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3300 Gulf Blvd

3. Mailing Address

3300 Gulf Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 St Pete Beach FL

City & State
 St Pete Beach FL

4. FEI Number

23-7033821

Applied For

Not Applicable

Zip
 33706

Country

Zip
 33706

Country

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

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

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS PATTERSON, JOHNNA
 CITY-ST-ZIP 10015 YACHT CLUB DRIVE, S
 TREASURE ISLAND FL 33706

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VPD
 STREET ADDRESS SZEZEPANSKI, ALICE
 CITY-ST-ZIP 2870 ALTON DRIVE
 ST PETE BEACH FL 33706

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME ~~ANNANES, ELAINE~~
 STREET ADDRESS 1620 A ROYAL PALM DRIVE
 CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ~~JEAN TEASLEY~~ SD
 STREET ADDRESS 1630 A ROYAL PALM DR.
 CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☒ Addition
 NAME SD
 STREET ADDRESS Jean Teasley
 CITY-ST-ZIP 1630 A Royal Palm DR
 Gulfport FL 33707

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Signature of Jean H. Beum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (21) 867-9134
 Date Daytime Phone #

CR2E037 (9/99)