

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 705878**

1. Entity Name

**SUNTAN ART CENTER, INC.****FILED****May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90041 040 \*\*\*\*61.25

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

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**23-7033821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**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

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**TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **DIDDAY, KERRY**  
CITY-ST-ZIP **8000 SAILBOAT KEY BLVD #A 106  
SAINT PETERSBURG FL 33707**TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **BEUM, JEAN**  
CITY-ST-ZIP **3580-38TH AVE #93  
ST. PETERSBURG FL**TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **TEASLEY, JEAN**  
CITY-ST-ZIP **1630 A ROYAL PALM DR  
GULFPORT FL 33707**TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **JONES, LIBI**  
CITY-ST-ZIP **3500 12TH AVENUE N  
SAINT PETERSBURG FL 33713**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ 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 REQUIRED**  
**JEAN A. BEUM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-29-2002 727 867-9134**  
Date Daytime Phone #

CR2E037 (9/01)