

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90111 024 ****61.25

DOCUMENT # F98000001742

1. Entity Name

SUNTANNING ASSOCIATION FOR EDUCATION, INC.

Principal Place of Business

**913 GULF BREEZE PARKWAY, NO. 22
 GULF BREEZE FL 32561**

Mailing Address

**PO BOX 1181
 GULF BREEZE FL 32562**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2544658

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 **BL** ☒ Delete
 NAME **EDWARDS, LAURA**
 STREET ADDRESS **7922 SUMMA AVE #A2**
 CITY-ST-ZIP **BATON ROUGE LA 70809**

TITLE **BL** ☐ Change ☒ Addition
 NAME **Richard Watson**
 STREET ADDRESS **3639 Thornton AVE**
 CITY-ST-ZIP **Fremont, CA, 94536**

TITLE **P** ☐ Delete
 NAME **DIAMOND, JOY**
 STREET ADDRESS **10194 BALTIMORE NATIONAL PIKE**
 CITY-ST-ZIP **ELLICOTT CITY MD 21042**

TITLE **BL** ☐ Change ☒ Addition
 NAME **Joe Schuster**
 STREET ADDRESS **805 Franklin Court SE**
 CITY-ST-ZIP **Maricetta, GA. 30067**

TITLE **S** ☐ Delete
 NAME **GOODALL, CAROL S**
 STREET ADDRESS **7308-H E. INDEPENDENCE BLVD.**
 CITY-ST-ZIP **CHARLOTTE NC 28277**

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

TITLE **T** ☐ Delete
 NAME **KELLY, BRADLEY**
 STREET ADDRESS **13000 BEL RED ROAD #206**
 CITY-ST-ZIP **BELLEVUE WA 98005**

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

TITLE **V** ☐ Delete
 NAME **MEADE-BENTLAGE, KAREN**
 STREET ADDRESS **626 SURF AVENUE**
 CITY-ST-ZIP **STRATFORD CT 06497**

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

TITLE **S** ☐ Delete
 NAME **RILEY, JANIS**
 STREET ADDRESS **1793 WASHTENAW**
 CITY-ST-ZIP **YPSILANTI MI 48197**

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 REQUIRED

4/12/01 (850) 934-9639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)