

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90976 009 \*\*\*150.00

**DOCUMENT # P00000010568**

1. Entity Name  
**SUN BUNS TANNING SALON, INC.**



Principal Place of Business  
**1155 PASADENA AVE S STE C  
ST PETERSBURG FL 33707**

Mailing Address  
**1155 PASADENA AVE S STE C  
ST PETERSBURG FL 33707**

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 **59-3622162**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**KAISNER, GLENN R  
11205 6 STREET EAST  
TREASURE ISLAND FL 33708**

## 7. Name and Address of New Registered Agent

Name **KAISNER, ERIC W**

Street Address (P.O. Box Number is Not Acceptable)

**1735 - 48th AVE NORTH**

City **ST PETERSBURG**

FL

Zip Code **33710**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **4/25/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **PELO, TERESA L**  
STREET ADDRESS **3406 BRIARWOOD LANE**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **D** ☐ Delete  
NAME **KAISNER, ERIC W**  
STREET ADDRESS **1735 48 AVE NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **D** ☒ Delete  
NAME **KAISNER, GLENN R**  
STREET ADDRESS **11205 6 STREET EAST**  
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/25/03**

DAYTIME PHONE # **727 384 2112**

CR2E034 (10/02)