

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90035 022 ***150.00

DOCUMENT # P000000018594

1. Entity Name

Fantasies Tanning Inc

Principal Place of Business

125 EAST MERRITT ISLAND CAUSEWAY #117
MERRITT ISLAND FL 32952

Mailing Address

125 EAST MERRITT ISLAND CAUSEWAY #117
MERRITT ISLAND FL 32952

2. Principal Place of Business

125 EAST MERRITT ISLAND CSWY
Suite, Apt. #, etc.
117

3. Mailing Address

125 EAST MERRITT ISLAND CSWY
Suite, Apt. #, etc.
117

City & State

MERRITT ISLAND FL

City & State

MERRITT ISLAND FL

4. FEI Number

59 3625788

Applied For

Not Applicable

Zip

32952

Country

USA

Zip

32952

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOWARD, CYNTHIA B
EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name Cynthia B. Howard
 Street Address (P.O. Box Number is Not Acceptable)
125 EAST MERRITT ISLAND CSWY #117
 City MERRITT ISLAND FL Zip Code 32952

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 Cynthia B. Howard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
 NAME HOWARD, CYNTHIA B
 STREET ADDRESS 125 E. MERRITT ISLAND CSWY #117
 CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia B. Howard Cynthia Howard Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

321 455-6477

Daytime Phone