FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90128 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000029728

Entity Name

RAYDIANCE TANNING OF BLOOMINGDALE, INC.

Principal Place of Business
151 E. BLOOMINGDALE AVENUE
BRANDON FL 33511 = 8102

Mailing Address
151 E. BLOOMINGDALE AVENUE
BRANDON FL 33511 - 8102

2. Principal Place of Business		3. Mailing Address			A CONTROL FAR BOARD BOARD DENIS OBERS OBERS BE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. F	59-3649788	Applied For Not Applicable	
Zip	Country	Zip	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			
MICHAEL J. MCDERMOTT, P.A.			Name	•			
	T LUMSDEN ROAD		Street Address (P.0		ox Number is Not Acceptable)		
	N FL 335 (1			T * 4			
•			City		F	Zip Code	
the obligati	ions of registered agent.		s registered office or	registered ag	ent, or both, in the State of Florida. I ar	n familiar with, and accept	
	Signature, typed or printed name of registered ager	and title if applicable. (NOT	FE: Registered Agent signatu	re required when re	instating) DATE		
After	ILE NOW!!! FEÈ IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department			:	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	· OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANCOCK, ELIZABETH D 8002 PROVIDENCE RD RIVERVIEW FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANCOCK, KEITH S 803 SCENIC HEIGHTS BRANDON FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSSITER, STEVEN D 11120 CASA LOMA DR. RIVERVIEW FL 33569	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ł	1,100	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	***	☐ Delete	TITLE NAME STREET ADDRESS	,		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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: Elso A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEVINE PROCES

CR2E034 (10/02)