

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90054 034 ***158.75

UBR0004

DOCUMENT # P00000033675

1. Entity Name
SUNSET TAN, INC.

Principal Place of Business
**12138 LONGMONT LANE SOUTH
 JACKSONVILLE FL 32246**

Mailing Address
**12138 LONGMONT LANE SOUTH
 JACKSONVILLE FL 32246**

2. Principal Place of Business
14180 Beach Blvd.
 Suite, Apt. #, etc.
Unit #10

3. Mailing Address
14180 Beach Blvd
 Suite, Apt. #, etc.
Unit #10

City & State
JACKSONVILLE, FL
 Zip
32250 Country
USA

City & State
JACKSONVILLE
 Zip
FL 32250 Country
USA

4. FEI Number
59-3635273 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

**MILLER, SHANNON A
 12138 LONGMONT LANE SOUTH
 JACKSONVILLE FL 32246**

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

4-18-01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D MILLER, SHANNON A**
 STREET ADDRESS **12138 LONGMONT LANE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MILLER, JAY D**
 STREET ADDRESS **12138 LONGMONT LANE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: Shannon Miller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01 (904) 992-2294
 Date Daytime Phone #

CR2E034 (10/00)