

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

City & State

JACKSONVILLE, FL

Zip

32250

Country

USA

3. Mailing Address

14180 Beach Blvd.

Suite, Apt. #, etc.

Unit #10

City & State

JACKSONVILLE

Zip

FL 32250

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3635273

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

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

4-18-01

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

(NOTE: Registered Agent signature required when reinstating)

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 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

Date

Daytime Phone #

4-18-01 (904) 992-2294

CR2E034 (10/00)