

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90192 002 \*\*\*150.00

**DOCUMENT # P00000036614**

1. Entity Name

**AMERICAN TAN, INC.**

Principal Place of Business

**COLONIAL SHOPPES PADDOCK PARK  
3101 SW 34TH AVE., UNIT 15-A, SUITE 800  
OCALA FL 34474**

Mailing Address

**P. O. BOX 772621  
OCALA FL 34477**

**00025250**



DO NOT WRITE IN THIS SPACE

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

**59 364 1915**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WARHURST, SYDNEY H  
COLONIAL SHOPPES PADDOCK PARK  
3101 SW 34TH AVE, UNIT 15-A, STE 800  
OCALA FL 34474**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	WARHURST, SYDNEY H	
STREET ADDRESS	<del>13691 S.E. 30TH STREET</del>	
CITY-ST-ZIP	<del>MORRISTON FL 32668</del>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WARHURST, CHARLES N	
STREET ADDRESS	<del>13691 S.E. 30TH STREET</del>	
CITY-ST-ZIP	<del>MORRISTON FL 32668</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WARHURST Sydney	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18091 SE 60th St.	
STREET ADDRESS	MORRISTON FL 32668	
CITY-ST-ZIP		
TITLE	WARHURST Charles	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18091 SE 60th St	
STREET ADDRESS	MORRISTON, FL 32668	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Sydney Warhurst* SYDNEY H WARHURST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/01 352-854-6344**

Date

Daytime Phone #

CR2E034 (10/00)