

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

04-24-2001 90334 003 ***150.00

DOCUMENT # P00000060954

1. Entity Name

A PERFECT TAN & BOUTIQUE, INC.

Principal Place of Business

886 SW ST. LUCIE WEST BOULEVARD
 PORT ST. LUCIE FL 34986

Mailing Address

220 N.E. BRAZILIAN CIRCLE
 PORT ST. LUCIE FL 34952

2. Principal Place of Business

880 SW St Lucie West Bl

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

PT St Lucie FL

Zip

34986

Country

City & State

Zip

Country

4. FEI Number

105-1016850

Applied For

☐ Not Applicable

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

WHITESIDE, STEPHANIE
220 N.E. BRAZILIAN CIRCLE
PORT ST. LUCIE FL 34952

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

S. Whiteside

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 **PD** ☐ Delete
 NAME **WHITESIDE, STEPHANIE**
 STREET ADDRESS **886 SW ST. LUCIE WEST BOULEVARD**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE **VD** ☐ Delete
 NAME **WHITESIDE, DAVID**
 STREET ADDRESS **886 SW ST. LUCIE WEST BOULEVARD**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **880 SW St Lucie West Blvd**
 STREET ADDRESS **PSI FL 34986**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **880 SW St Lucie West Blvd**
 STREET ADDRESS **PSI FL 34986**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

S. Whiteside

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

561-340-5020

Daytime Phone #

CR2E034 (10/00)