

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 APR -9 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060954

1. Entity Name

A Perfect tan & Boutique, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

880 SW St. Lucie West Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

4. FEI Number

65-1016850

Applied For

Not Applicable

Zip

Country

34986

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Stephanie Whiteside

Street Address (P.O. Box Number is Not Acceptable)

1953 Saddlebrook Dr

City

Port St Lucie

FL

Zip Code

34986

**DO NOT WRITE  
IN THIS SPACE**

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)

4/5/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 Pres  
NAME Stephanie Whiteside  
STREET ADDRESS 7953 Saddlebrook Dr.  
CITY-ST-ZIP Port St Lucie

TITLE Vice Pres  
NAME David Whiteside  
STREET ADDRESS 1953 Saddlebrook Dr.  
CITY-ST-ZIP Port St Lucie, FL 34986

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CR2E034B (12/01)

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 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

4/5/02

Date

561 370-4952

Daytime Phone #