

FILED

Jun 14, 2001 8:00 am  
Secretary of State

05-15-2001 90019 050 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068315

1. Entity Name

SAVAGE TANNING INC.

LA

Principal Place of Business

1306 HOMESTEAD RD.  
LEHIGH ACRES FL 33936

Mailing Address

1306 HOMESTEAD RD.  
LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1024438

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POTPOLAK, TRACY A  
226 LAKE DR.  
LEHIGH ACRES FL 33936

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

Tracy A. Potpolak

Tracy A. Potpolak

4/30/01

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

(NOTE: Registered Agent signature required when navigating)

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 State10. 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  
NAME  
STREET ADDRESS  
CITY- ST- ZIPPD  
POTPOLAK, TRACY A  
226 LAKE DR.  
LEHIGH ACRES FL 33936☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPVD  
POTPOLAK, JOHN A  
226 LAKE DR.  
LEHIGH ACRES FL 33936☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPSTD  
FISH, ALAN  
321 WEST MAIN  
IMMOKALEE FL 34142☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ Change ☐ Addition

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:

Tracy A. Potpolak

4/30/01 (941) 368-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)