

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000088106**

1. Entity Name

HAWAIIAN TAN & SPA, INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90160 047 ***150.00

Principal Place of Business

**1536 SAND DOLLAR CIRCLE
NEPTUNE BEACH FL 32266**

Mailing Address

**1536 SAND DOLLAR CIRCLE
NEPTUNE BEACH FL 32266**

2. Principal Place of Business

1017 A1A Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address

1017 A1A Beach Blvd
Suite, Apt. #, etc.

140304



DO NOT WRITE IN THIS SPACE

City & State

St. Aug, FL**Zip 32080****Country USA**

City & State

St. Aug, FL**Zip 32080****Country USA**

4. FEL Number

39-3671505

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAPLAN, HOWARD A
3900 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, VALERIE G	
STREET ADDRESS	1536 SAND DOLLAR CIRCLE	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)