

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90049 018 ***158.95

DOCUMENT # P00000088106

1. Entity Name

Hawaiian Tans Spa Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Hawaiian Tans Spa Inc

3. Mailing Address

1017 AIA Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Augustine, FL

City & State

St Augustine FL

Zip

32080

Country

ST Johns

Zip

32080

Country

ST John's

4. FEI Number

59-3671505

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Valeen G Kirkland

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

1017 AIA Beach Blvd.

City

St Augustine

FL

Zip Code

32080

**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

Valeen G Kirkland

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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	<u>President</u>
NAME	<u>V G Kirkland</u>
STREET ADDRESS	<u>1017 AIA Beach Blvd.</u>
CITY-ST-ZIP	<u>St Augustine, FL 32080</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Valeen G Kirkland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

4/30/02

Daytime Phone #

CR2E034B (12/01)