FILED
Jul 04, 2002 8:00 am
Secretary of State
07-04-2002 90547 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name
Tanfastic Tanning Salon of Mary Esther, Inc
P00000094447

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118940

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2. Principal Place of Business	3. Mailing Address
429 Page Bacon Rd M.E. FL	429 Page Bacon Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mary Esther, FL	City & State: Mary Esther, FL
Zip: 32569 Country: USA	Zip: 32569 Country: USA

4. FEI Number: 59-3675747 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Joel Ziegenhorn
Street Address (P.O. Box Number is Not Acceptable): 429 Page Bacon Rd
City: Mary Esther FL Zip Code: 32569

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/17/02

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	President	TITLE	
NAME	Anne Ziegenhorn	NAME	
STREET ADDRESS	429 Page Bacon Rd	STREET ADDRESS	
CITY-ST-ZIP	Mary Esther FL 32569	CITY-ST-ZIP	
TITLE	Vice President / Secretary	TITLE	
NAME	Joel Ziegenhorn	NAME	
STREET ADDRESS	429 Page Bacon Rd	STREET ADDRESS	
CITY-ST-ZIP	Mary Esther FL 32569	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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: [signature] 4-17-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #