FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

U	MIFORM BOSI	NESS REPUR	i (UDN)	•	Wiay 21, 200	
DOCUMENT # P00000095724 1. Entity Name					Secretary of State 05-27-2002 90425 004 ***150.00	
I	EXTREME TANNING	, INC.	V			
DO NOT WRITE IN THIS SPACE						
Principal Place of Business 3. Mailing Address						
705 N. Beneva Rd. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
Sarasota, Fl City & State		Sarasota, City & State	Sarasota, F1 City & State		4. FEI Number Applied For Applied For Not Applicable	
Zip 34232	Country Zip 34232		Country			\$8.75 Additional
			1	7	. Name and Address of Current Registered	Agent
			Nam	e		
DO NOT WRITE				Brian_Cavanaugh_ Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				705 N. Beneva Rd.		
			City	Sara	sota FL	^{Zip} 6232
\$	e named entity submits this stateme	ent for the purpose of changing it	s registered office	or registere	d agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered Agent sig	nature required w	when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See satisfy its Intangible After May 1, Amended 6				150.00 .00 25	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	•	Make Check Payar AND DIRECTORS	pie to nebartin	ent of State	<u> </u>	
	ID OFFICENS A	AND DIRECTORS .	TITLE	·T	· · · · · · · · · · · · · · · · · · ·	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	Brian Cavanaugh 705 N.Beneva Rd	i.	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS		
ITLE	Sarasota, F1 34	1232	TITLE			
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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: 4

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAVANAUgh

4-18-02

941-954-4726

Daytime Phone #