

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-13-2001 90080 024 ***150.00

DOCUMENT # P00000108826

1. Entity Name

ISLAND TANNING, INC.

Principal Place of Business

422 SE STARFLOWER AVE.
PT. ST. LUCIE FL 34983

Mailing Address

422 SE STARFLOWER AVE.
PT. ST. LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

MADDEN, JOHN W ESQ.
759 S. FEDERAL HWY., SUITE 212
STUART FL 34994

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LALLOO, AIDA
STREET ADDRESS 422 SE STARFLOWER AVE.
CITY-ST-ZIP PT. ST. LUCIE FL 34983

TITLE Secretary ☒ Change ☐ Addition
NAME LALLOO, AIDA
STREET ADDRESS 422 SE STARFLOWER AVE
CITY-ST-ZIP PT. ST. LUCIE FL 34983

TITLE D ☐ Delete
NAME LALLOO, WAYNE
STREET ADDRESS 422 SE STARFLOWER AVE.
CITY-ST-ZIP PT. ST. LUCIE FL 34983

TITLE Vice President ☒ Change ☐ Addition
NAME LALLOO, WAYNE
STREET ADDRESS 422 SE STARFLOWER AVE
CITY-ST-ZIP PT. ST. LUCIE FL 34983

TITLE D ☐ Delete
NAME LALLOO, RAMON
STREET ADDRESS 422 SE STARFLOWER AVE.
CITY-ST-ZIP PT. ST. LUCIE FL 34983

TITLE President ☒ Change ☐ Addition
NAME LALLOO, RAMON
STREET ADDRESS 1051 SE GOUCHO AVE
CITY-ST-ZIP PT. ST. LUCIE FL 34952

TITLE D ☐ Delete
NAME LALLOO, CHERYL
STREET ADDRESS 422 SE STARFLOWER AVE.
CITY-ST-ZIP PT. ST. LUCIE FL 34983

TITLE Vice President ☒ Change ☐ Addition
NAME LALLOO, CHERYL
STREET ADDRESS 1051 SE GOUCHO AVE
CITY-ST-ZIP PT. ST. LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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: Aida Lalloo (AIDA LALLOO)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01 (SGL) 398-3398

Date

Daytime Phone #

CR2E034 (10/00)