

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90092 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110915

Entity Name

TAN LINE EXPRESS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
216 CELEBRATION BLVD

Suite, Apt. #, etc.

3. Mailing Address
216 CELEBRATION BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CELEBRATION, FL

City & State
CELEBRATION, FL

4. FEI Number/
59-3686546

Applied For
☐ Not Applicable

Zip
34747

Country

Zip
34747

Country

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Spiegel & Utrera, P.A.**

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

1840 Coral Way, 4th Floor

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

NOTE: Registered Agent signature required when reappointing.

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	RYAN HENNING, CHRISTOPHER 216 CELEBRATION, FL 34747	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other live employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Typed Name #

CR2004B (12/02)