

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000004101

FILED
Feb 20, 2002 8:00 AM
Secretary of State

Entity Name: TROPICAL IMAGE TANNING SALON INC.

Current Principal Place of Business:

42 S BLUE ANGEL PKWAY
PENSACOLA, FL 32506

New Principal Place of Business:

12385 SORRENTO RD
ST C-2
PENSACOLA, FL 32507

Current Mailing Address:

42 S BLUE ANGEL PKWAY
PENSACOLA, FL 32506

New Mailing Address:

12385 SORRENTO RD
STE C-2
PENSACOLA, FL 32507

FEI Number: 59-3519981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIXON, ROOSEVELT A
42 S BLUE ANGEL PKWAY
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

NIXON, ROOSEVELT A
12385 SORRENTO RD
STE C-2
PENSACOLA, FL 32507 US

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: ROOSEVELT NIXON

02/20/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: NIXON, ROOSEVELT A JR
Address: 9057 CARIBBEAN DR
City-St-Zip: PENSACOLA, FL 32506

Title: DV () Delete
Name: NIXON, ANTONE
Address: 9057 CARIBBEAN DR
City-St-Zip: PENSACOLA, FL 32506

Title: DP () Delete
Name: NIXON, MARILYN V
Address: 115 GODFREY ST
City-St-Zip: BUFFALO, NY 14215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: NIXON, ROOSEVELT A JR
Address: 9890 N LOOP RD #735
City-St-Zip: PENSACOLA, FL 32507

Title: DV (X) Change () Addition
Name: NIXON, ANTONE
Address: 9890 N LOOP RD #735
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROOSEVELT NIXON

PRES

02/20/2002

Electronic Signature of Signing Officer or Director

Date