

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90017 046 ***150.00

DOCUMENT # **P01000018610**

1. Entity Name
JULINGTON CREEK TANNING, INC.

Principal Place of Business
1921 DEWEY PLACE
JACKSONVILLE FL 32207

Mailing Address
1921 DEWEY PLACE
JACKSONVILLE FL 32207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
465 State Rd. 13 N.

3. Mailing Address
465 State Rd. 13 N.

Suite, Apt. #, etc.
2

Suite, Apt. #, etc.
2

City & State
Jax. Fl.

City & State
Jax. Fl.

4. FEI Number
59-3706679

Applied For
 Not Applicable

Zip
32259

Country
USA

Zip
32259

Country
USA

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

~~BLACKBURN, BRYAN~~
1921 DEWEY PLACE
JACKSONVILLE FL 32207

Name **Amy Gay**
 Street Address (P.O. Box Number is Not Acceptable)
465 STATE RD. 13 N # 2
 City **JACKSONVILLE** **FL** Zip Code **32259**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE *Amy Gay*
 Signature, typed or printed name of registered agent and title if applicable.

4/16/02
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<input type="checkbox"/> Delete
NAME	GAY, MELVIN	
STREET ADDRESS	2305 MARLEE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAY, AMY	
STREET ADDRESS	2305 MARLEE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAY, MATTHEW	
STREET ADDRESS	1870 DUAN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, AMY	
STREET ADDRESS	2305 MARLEE RD.	
CITY-ST-ZIP	JAX. FL. 32259	
TITLE	VP IS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, MATTHEW	
STREET ADDRESS	1870 Duan Ave	
CITY-ST-ZIP	Jax. Fl. 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Amy Gay*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 (914) 287-2051
 DATE Daytime Phone #

CR2E034 (9/01)