

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000026306**

1. Entity Name
TROPICAL TANNING GARDEN INC.

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90051 028 ***150.00

Principal Place of Business

**13404 SUNVALE PLACE
TAMPA FL 33626**

Mailing Address

**13404 SUNVALE PLACE
TAMPA FL 33626**

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

59-3707020

Applied For

Not Applicable

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCI, JAMES E
8090 GREENBRIER COURT
SPRING HILL FL 34606**

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, 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**
NAME **GATES, DEBORAH**
STREET ADDRESS **13404 SUNVALE PLACE**
CITY-ST-ZIP **TAMPA FL 33626**

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Deborah Gates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

813-792-5863

Daytime Phone #

CR2E034 (9/01)