

FILED  
May 01, 2002 8:00 am  
Secretary of State

04-02-2002 90970 015 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000060697

1. Entity Name

REEL TAN II, INC.

26641

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
12740-11 Atlantic Blvd.

3. Mailing Address  
334 E. Duval Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number  
59-3233493

Applied For  
Not Applicable

Zip  
32225

Country

Zip  
32202

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 Earl M. Barker, Jr.

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

City Jacksonville FL Zip Code 32202

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 is applicable.

(NOTE: Registered Agent signature required when retreating.)

(DATE)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended UBR is \$61.25  
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**

TITLE D,P,T  
NAME Brooke L. Spitzer  
STREET ADDRESS 12740-11 Atlantic Blvd.  
CITY-ST-ZIP Jacksonville, FL 32225

TITLE S  
NAME Hollyn J. Foster  
STREET ADDRESS 334 E. Duval Street  
CITY-ST-ZIP Jacksonville, FL 32202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brooke L. Spitzer*

Brooke L. Spitzer

3/20/02

(904) 278-7335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)