

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90065 044 ***150.00

DOCUMENT # P01000067313

1. Entity Name
TRANSFORMATIONS TANNING AND SKIN CARE, INC.



Principal Place of Business
3829 LAKE EMMA RD
LAKE MARY FL 32746

Mailing Address
3829 LAKE EMMA RD
LAKE MARY FL 32746

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
59-3733965

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

CARLTON, JAMES A
308 MORNING GLORY DRIVE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name Carlton, James A
Street Address (P.O. Box Number is Not Acceptable) 206 Shady Oaks Circle
City Lake Mary, FL Zip Code 32746

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	CARLTON, CHRISTINE B	
STREET ADDRESS	3829 LAKE EMMA RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	CARLTON, JIM	
STREET ADDRESS	3829 LAKE EMMA RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHONTAS, BARBARA	
STREET ADDRESS	3829 LAKE EMMA RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES A. Carlton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03
Date

4074745869
Daytime Phone #

CR2E034 (10/02)