

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90066 031 ***158.75

DOCUMENT # **P010000087126** ✓

1. Entity Name
TAN USA, INC

(I do not have/decide a document #)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9119 ~~RD~~ MERRILL RD

3. Mailing Address
9119 ~~RD~~ MERRILL RD

Suite, Apt., #, etc.
#41

Suite, Apt., #, etc.
#41

City & State
DAV, FL

City & State
DAV, FL

Zip
32225 Country
USA

Zip
32225 Country
USA

4. FEI Number
03-0405063

Applied For
Not Applicable

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VICTORIA HAMMOCK

Street Address (P.O. Box Number is Not Acceptable)
1251 KAREN WALK

City
Fernandina Bch, FL Zip Code
32034

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.

Victoria Hammock

4-30-02
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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Victoria Hammock
1251 Karen Walk
Fernandina Bch, FL 32034**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
Donna Noble
4380 Palm Plaza
Fort Myers, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Victoria Hammock

4-30-02

904-745-5353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)