FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State P01000110718 **DOCUMENT #** 1. Entity Name 05-20-2002 90024 007 ***150.00 **ORIAN TANNING COMPANY** Mailing Address Principal Place of Business 1388 VENTNOR AVENUE 1388 VENTNOR AVENUE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address 30583 US 19 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State Not Applicable 59 -\$8,75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BUSINESS FILINGS INCORPORATED** 1000 WEST AVENUE SUITE 1114 MIAMI BEACH FL 33139 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of SIGNATURE (NOTE: Registered Agent signature required when reinstating) il applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME KOUREMETIS, JOHNNY NAME STREET ADDRESS STREET ADDRESS 1388 VENTNOR AVENUE CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME VACHET, KATIE NAME STREET ADDRESS STREET ADDRESS **1388 VENTNOR AVENUE** CITY-ST-ZIP **TARPON SPRINGS FL 34689** CITY-ST-ZIP ☐ Change --- ☐ Addition පුං <u>ට කොම</u> යන මිතිකුවන් සිටුකු TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapted or on an attachment with an address with all other like empowered. changed, or on an attac