

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90729 039 ***150.00

0014746
 AT

DOCUMENT # P01000118105

1. Entity Name
TAN LINES OF BRADENTON, INC.

Principal Place of Business

**527 BAYSIDE WAY
 NOKOMIS FL 34275**

Mailing Address

**527 BAYSIDE WAY
 NOKOMIS FL 34275**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1779 LAKEWOOD RANCH BLVD.

Suite, Apt. #, etc.

SUITE 108

City & State

BRADENTON, FLORIDA

Zip

34202

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

03-0374062

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, JEFFREY M
 527 BAYSIDE WAY
 NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name

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

City

FI

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered

SIGNATURE

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing address)

New BUS. Address

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**

Trust Fund Contribution.

☐

\$150.00 may be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
NAME **CRAIG K. RANDIETT**
STREET ADDRESS **1779 LAKEWOOD RANCH BLVD.**
CITY-ST-ZIP **BDTN. FL. 34202**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **JEFFREY M. THOMPSON**
STREET ADDRESS **1779 LAKEWOOD RANCH BLVD.**
CITY-ST-ZIP **BDTN. FL. 34202**

TITLE **SECRETARY** ☐ Delete
NAME **CAROL A. MC CRACKEN**
STREET ADDRESS **1779 LAKEWOOD RANCH BLVD.**
CITY-ST-ZIP **BDTN. FL. 34202**

TITLE **TREASURER** ☐ Delete
NAME **DAWN RANDIETT**
STREET ADDRESS **1779 LAKEWOOD RANCH BLVD.**
CITY-ST-ZIP **BDTN. FL. 34202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 66 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sig Needed

CR2E034 (9/01)