

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



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| DOCUMENT # P02000005280 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name AWESOME TAN, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 1381 AIRPORT RD. N. NAPLES, FL 34104 | | Mailing Address 1381 AIRPORT RD. N. NAPLES, FL 34104 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 9174 Bonita Beach Rd Suite, Apt. #, etc. Ste 104 City & State Bonita Springs FL Zip 34135 Country USA | | 3. Mailing Address 9174 Bonita Beach Rd Suite, Apt. #, etc. Ste 104 City & State Bonita Springs FL Zip 34135 Country USA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 043592582 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent RANKIN, DOUGLAS L ESQ 2335 TAMiami TRAIL N, STE 308 NAPLES, FL 34103 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800024207038 10/28/03--01040--019 **550.00 City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12/8/03 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOOD, CHARLES F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>281 27TH ST. SW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34117</td> <td></td> </tr> </table> | | TITLE | D | <input type="checkbox"/> Delete | NAME | HOOD, CHARLES F | | STREET ADDRESS | 281 27TH ST. SW | | CITY-ST-ZIP | NAPLES, FL 34117 | | <table border="1"> <tr> <td>TITLE</td> <td>Vice President</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Nicole Hood</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>281-27th St SW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Naples FL 34117</td> <td></td> </tr> </table> | | TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | Nicole Hood | | STREET ADDRESS | 281-27th St SW | | CITY-ST-ZIP | Naples FL 34117 | |
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| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | Nicole Hood | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | 7/2/03 (739)390-9211 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone | | | | | | | | | | | | | | | | | | | | | | | | | |

CR2E034 (10/02)