2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90769 046 ***150.00

DOCUMENT # P02000005875

1. Entity Name
TAN FASTIC TANNING & NAILS, INC.

Principal Place of Business	Mailing Address
5626 TROUBLE CREEK RD.	~~20 EAST TARPON AVE.~~
NEW PORT RICHEY FL 34653	TARPON SPRINGS FL 34689

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	5626 TROUBLE CREEK RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. [crossed out]
City & State	City & State: NEW PORT RICHEY, FL
Zip / Country	Zip: 34652 / Country

4. FEI Number: 30-0035163 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLIMIS, GEORGE N	Name: FABIAN, TRACY M.
~~20 EAST TARPON AVE.~~	Street Address (P.O. Box Number is Not Acceptable): [crossed out] 5626 TROUBLE CREEK ROAD
TARPON SPRINGS FL 34689	City: NEW PORT RICHEY FL Zip Code: 34652

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 X [signature] DATE X 3-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FABIAN, TRACY M 5626 TROUBLE CREEK RD. NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/T/S FABIAN, TRACY M. 5626 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: X [signature] REQUIRED TRACY M. FABIAN X 3-7-03 727-848-4886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #