

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90234 012 ***150.00

DOCUMENT # P02000008413

1. Entity Name

J & S Tanning Services of Florida



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10771 Beach Blvd.

3. Mailing Address

P.O. Box 16952

Suite, Apt. #, etc.

Suite # 400

Suite, Apt. #, etc.

J-

City & State

Jacksonville, FL 32246

City & State

Jacksonville, FL

4. FEI Number

61-141766

Applied For

Not Applicable

Zip

32246

Country

Dual

Zip

32245

Country

Dual

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

10771 Beach Blvd.

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

10771 Beach Blvd.

City

Jacksonville

FL

Zip Code

32246

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
Gilchrist, James A.
730 Roberts Rd.
Jacksonville, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SVD
ORR, Sylvia L.
730 Roberts Rd.
Jacksonville, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James A. Gilchrist - Pres.

4/23/03

904-020-0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)