

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90270 038 ***150.00

DOCUMENT # P02000040629

1. Entity Name
BULLS EYE TATTOO, INC.



Principal Place of Business
**603 SUMMIT ST
LAKE PLACID FL 33852**

Mailing Address
**603 SUMMIT ST
LAKE PLACID FL 33852**

11010013



2. Principal Place of Business
102 S.W. 3RD AV
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
ORKEECHOBEE, FL
Zip
34974 Country
ORKEECHOBEE

City & State
SAME
Zip
34974 Country
ORKEECHOBEE

4. FEI Number **30-0062694** Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NIELANDER, WILLIAM J
172 E INTERLAKE BLVD
LAKE PLACID FL 33852**

DELETE

7. Name and Address of New Registered Agent

Name **CHRIS F. HICKS**
Street Address (P.O. Box Number is Not Acceptable)
603 SUMMIT ST
City **LAKE PLACID** FL Zip Code **33852**

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 **CHRIS F. HICKS - Chris F. Hicks** DATE **4-24-03**
(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

TITLE **D** ☐ Delete
NAME **HICKS, CHRIS F**
STREET ADDRESS **603 SUMMIT ST**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Delete
NAME **HICKS, TIMOTHY M**
STREET ADDRESS **603 SUMMIT ST**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☒ Delete
NAME **WASLIN, STEVEN J**
STREET ADDRESS **603 SUMMIT ST**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T** ☒ Change ☒ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P./S.** ☒ Change ☒ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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: **SIGNATURE REQUIRED** DATE **4-24-03** (863) 381-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)