

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0015086 AV

DOCUMENT # P02000127321

1. Entity Name  
G & S TANNING SYSTEMS, INC.



FILED

03 OCT -6 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2418 KIRKMAN ROAD  
ORLANDO FL 32835

Mailing Address  
2418 KIRKMAN ROAD  
ORLANDO FL 32835

2. Principal Place of Business  
2418 S. Kirkman Rd  
Suite, Apt. #, etc.

3. Mailing Address  
2418 S. Kirkman Rd  
Suite, Apt. #, etc.

City & State  
Orlando

City & State  
Orlando

4. FEI Number 82-0575951

Applied For  
Not Applicable

Zip Country  
32811 Orange

Zip Country  
32811 Orange

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

WARD, STEPHANIE T  
2418 KIRKMAN ROAD  
ORLANDO FL 32835

Name

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

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 *Stephanie Ward*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-26-03

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 D ☐ Delete  
NAME WARD, GEORGE  
STREET ADDRESS 2418 KIRKMAN ROAD  
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE D ☐ Delete  
NAME WARD, STEPHANIE  
STREET ADDRESS 2418 KIRKMAN ROAD  
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *Stephanie Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-03 407294-2885  
Date Daytime Phone #

CR2E034 (4/03)