

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000132237

1. Entity Name
SUN BLISS TAN, INC.



FILED

04 APR 20 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02042004 Chg-P CR2E034 (10/03)

Principal Place of Business
3127 W SLIGH AVENUE
104-B
TAMPA, FL 33614

Mailing Address
3127 W SLIGH AVENUE
104-B
TAMPA, FL 33614

2. Principal Place of Business
23030 State Road 54

3. Mailing Address
15314 Heathridge Drive

Suite, Apt. #, etc.

City & State
Lutz, Florida 33549

City & State
Tampa, Florida 33625

Zip Country
USA

Zip Country
USA

4. FEI Number
90-0144303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, FRANK III
3127 W SLIGH AVENUE
104-B
TAMPA, FL 33614

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WAYNE, DU BOIS			NAME	500035851195		
STREET ADDRESS	15314 HEATHRIDGE DR			STREET ADDRESS	05/11/04--01021--015		**150.00
CITY-ST-ZIP	TAMPA, FL 33625			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Wayne D. DuBois Pres. Date: 4/19/04 Daytime Phone #: 948-5484