## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P93000079903 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** THE TAN FACTORY, INC. 03-14-2000 90070 037 \*\*\*150.00 Mailing Address Principal Place of Business 1899-4 N CONGRESS AVE 1899-4 CONGRESS AVE. BOYNTON BCH. FL 33426-8215 **BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0450571 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LABAR, ROBERT MEHOK, FRANK P JR Street Address (P.O. Box Number is Not Acceptable) 610 E. ATLANTIC AVE. **DELRAY BEACH FL 33483** NE IZHL TERRACE BOYNTON BEACH 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. ROBERT D. LABAT VICE PRESIDENT (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS D,P Change Addition TITLE D ☐ Delete TITLE LABAR, TIFFANY L MEHOK, TIFFANY L NAME NAME 731-8 NE 12th TERRACE STREET ADDRESS STREET ADDRESS **6 WINCHMORE LANE** CITY-ST-ZIE CITY-ST-ZIP **BOYNTON BEACH FL 33462** BOYNTON BEACH FL 33435 D, VP Change ☐ Addition ☐ Delete TITLE TITLE ROBERT D. LABAR NAME ROBERT D LABAR 131-8 NE 12+4 TERRACE STREET ADDRESS **6 WINCHMORE LANE** STREET ADDRESS CITY-ST-7IP BOYNTON BEACH FL 33435 CITY-ST-ZIP **BOYNTON BCH FL** Change — Addition = TITLE: TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

, VICE PRESIDENT

ROBERT LABAR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

1/11/00 561-736-2636