2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075417

1. Entity Name

KISSIMMEE TATTOO COMPANY, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90228 035 ***150.00

Principal Place of Business	Mailing Address
619 N. MAIN STREET KISSIMMEE FL 34744	P.O. BOX 421108 KISSIMMEE FL 34742-1108 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3379818 ☐ Applied For ☐ Not Applicable

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
MCCLOUGHEN, PATRICK I ~~2585 BORINQUEN DRIVE~~ ~~KISSIMMEE FL 34744~~	Name Street Address (P.O. Box Number is Not Acceptable) 5201 LAKE LIZZIE DR City ST. CLOUD FL Zip Code 34771

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.

SIGNATURE Patrick McCloughen DATE 4/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPVP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MCCLOUGHEN, PATRICK I		NAME		
STREET ADDRESS	~~2585 BORINQUEN DRIVE~~		STREET ADDRESS	5201 LAKE LIZZIE DR	
CITY-ST-ZIP	~~KISSIMMEE FL~~		CITY-ST-ZIP	ST. CLOUD, FL. 34771	
TITLE	CT	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MCCLOUGHEN, VICKI L		NAME		
STREET ADDRESS	~~2585 BORINGQUEN DRIVE~~		STREET ADDRESS	5201 LAKE LIZZIE DR	
CITY-ST-ZIP	~~KISSIMMEE FL~~		CITY-ST-ZIP	ST. CLOUD, FL 34771	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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.

SIGNATURE: Patrick McCloughen 4/11/00 407/931-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #