

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-02-2003 90113 031 ***150.00
04-14-2003 90368 048 *****8.75

DOCUMENT # P95000084359

1. Entity Name
SUN-QUEST TANNING SALON, INC.



Principal Place of Business
**1440-33 DUNN AVENUE
JACKSONVILLE FL 32218**

Mailing Address
**1440-33 DUNN AVENUE
JACKSONVILLE FL 32218**

60016802



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3346129**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HIGGINBOTHAM, WILLIAM T
1440-33 DUNN AVENUE
JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name **Cynthia Gail Zimmerly**
Street Address (P.O. Box Number is Not Acceptable)
489 Starratt Road #63
Owner / President
City **Jacksonville** FL Zip Code **32218**

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 *Cynthia Gail Zimmerly* **3/31/03**
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 **PD** ☒ Delete
NAME **HIGGINBOTHAM, WILLIAM T**
STREET ADDRESS **12416 WOODLAND DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **STD** ☒ Delete
NAME **HIGGINBOTHAM, SHARON S**
STREET ADDRESS **12416 WOODLAND DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Cynthia Gail Zimmerly** ☒ Change ☐ Addition
NAME
STREET ADDRESS **489 Starratt Road #63**
CITY-ST-ZIP **Jax. Florida 32218**

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

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

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

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

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: *W.T. Higginbotham, Jr.* **4-1-03** **904-751-1926**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)