

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013756

1. Entity Name
TLC TANNING SALON INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-06-2000 90075 046 ***150.00

Principal Place of Business
PLANTATION RD.
3-B
PENSACOLA FL 32504

Mailing Address
6707 PLANTATION RD.
SUITE 3-B
PENSACOLA FL 32504-6216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3360001**
Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent
KLICK, ANN
1217 TWIN LAKES LANE
PENSACOLA FL 32504

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEIEK, ANN		NAME		
STREET ADDRESS	7217 TWIN LAKES LANE		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32513		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WORTHYLAKE, LAURA		NAME		
STREET ADDRESS	5910 WALTON ST.		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32503		CITY - ST - ZIP		
TITLE	FA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEIEK, PETER		NAME		
STREET ADDRESS	7217 TWIN LAKES LANE		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32504		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COBB, CAROL		NAME		
STREET ADDRESS	5910 WALTON ST.		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32503		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		

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: Ann Keiek 3/21/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Theresa de la

888-517-3065

CR2E034 (9/99)