

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90020 007 ***550.00

DOCUMENT # P96000033607

1. Entity Name
A MIRACLE TAN, INC.

Principal Place of Business
2556 MCMULLEN BOOTH ROAD
CLEARWATER FL 33761

Mailing Address
2556 MCMULLEN BOOTH ROAD
CLEARWATER FL 33761

2. Principal Place of Business
2532 mcmullen Booth Rd
 Suite, Apt. #, etc.

3. Mailing Address
2532 mcmullen Booth Rd
 Suite, Apt. #, etc.

City & State
Clearwater FL
 Zip
33761
 Country

City & State
Clearwater FL
 Zip
33761
 Country

4. FEI Number **59-3388292**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WEINTRAUB, PATRICIA F
2556 MCMULLEN BOOTH RD.
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2532 mcmullen Booth Rd

City
Clearwater

FL

Zip Code
33761

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **P** ☐ Delete
 NAME **WEINTRAUB, PATRICIA F**
 STREET ADDRESS **2556 MCMULLEN BOOTH ROAD**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VP** ☐ Delete
 NAME **WELCH, JAMIE**
 STREET ADDRESS **PO BOX 6107**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

Patricia F Weintraub
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01

(727) 725-0072

Date

Daytime Phone #

CP2F004 (F/01)