

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073859

1. Entity Name
THE NEW YOU OF ORLANDO, INC.

FILED

02 JUL 16 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 445 S ORLANDO AVE MAITLAND FL 32751 US		Mailing Address 445 S ORLANDO AVE MAITLAND FL 32751 US	
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 59-3421703		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HILLIER, DAVID 445 S ORLANDO AVE MAITLAND FL 32751		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] 7/8/02
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HILLIER, DAVID G 243 W PARK AVE SUITE 201 WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HILLIER, CHERYLL 243 W PARK AVE SUITE 201 WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

SIGNATURE: [Signature] 7/08/02 407 539 0664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

THE NEW OF ORLANDO dba GOLDEN TAN

445 S. Orlando Ave

Maitland FL 32751

Tel: 407-539 0664

Uniform Business Report
Devision of Corporations
PO Box 1500
Tallahassee FL 32302-1500

July 7, 2002

Dear Sirs,

Ref: The New You of Orlando Inc.
Reference Document No P96000073859

I am writing to apologize for the delay in submitting payment for the Annual Corporation Tax in the amount \$150 which was due in May.

As I explained to one of your representatives today, my wife has always handled the accounts, and for the past 5 years we have always paid this account in good time to avoid the extra penalty payment. Unfortunately, my wife's father recently passed away in England and she had to return to the United Kingdom for the funeral, then needing to stay to take care of family matters. During this time I'm afraid that I have been taking care of business paperwork, and had not realized that this bill was due. With all the upheaval of her leaving suddenly, the paperwork had been misplaced.

In good faith, I am enclosing a check in the amount of \$150, and would appreciate it if you would consider accepting this in full payment in view of the unfortunate circumstances we have encountered. Obviously, we will make sure that all future payments are made in good time, as we have in the past.

Once again, apologies for the oversight and I would appreciate it if you could treat this request in a sympathetic manner.

Yours truly



DAVID G HILLIER
The New You of Orlando Inc.