

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073934

1. Entity Name

NO TAN LINES, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90028 018 ***150.00

Principal Place of Business

Mailing Address

3033 MONUMENT ROAD STE 9
JACKSONVILLE FL 32225
US

3033 MONUMENT ROAD STE 9
JACKSONVILLE FL 32225-1779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3399519

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

7. Name and Address of New Registered Agent

LOUIS, DAVID
9141 CYPRESS DR.
JACKSONVILLE FL 32225

Name

~~Robert A. Cabrera~~ Robert A. Cabrera

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

3033-9 MONUMENT RD.

City

Jacksonville

FL

Zip Code

32225

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

Robert A. Cabrera

(NOTE: Registered Agent signature required when reinstating)

5/5/00

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 \$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 PT ☒ Delete
NAME FORBRICH, RICHARD
STREET ADDRESS 5059 SHARON TER
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE VPS ☐ Delete
NAME CABRENA, ROBERT
STREET ADDRESS 3031 MONUMENT RD. STE. 3
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Robert A. Cabrera
CITY-ST-ZIP 3033 monument Rd. Suite 9
JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Robert A. Cabrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00

DATE

996-0012

DAYTIME PHONE #

CR2E034 (9/99)