

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-02-2003 90199 049 ***150.00

DOCUMENT # P96000085798

1. Entity Name
T TOTAL TANNING, INC.



Principal Place of Business
**1871 WELLS RD., STE. 14
ORANGE PARK FL 32073**

Mailing Address
**1871 WELLS RD., STE. 14
ORANGE PARK FL 32073**

55046101



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3410387**

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

**O'DONNELL, SHARON
1880 PENZANCE PARKWAY
MIDDLEBURG FL 32068**

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, typed 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	TP	<input type="checkbox"/> Delete
NAME	O'DONNELL, SHARON	
STREET ADDRESS	1880 PENZANCE PARKWAY	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	O'DONNELL, SHARON	
STREET ADDRESS	1880 PENZANCE PARKWAY	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	Carl R Graham	<input type="checkbox"/> Delete
NAME	10075 Gate Parkway	
STREET ADDRESS	n apt 2012	
CITY-ST-ZIP	Jax, FL 32216	
TITLE	Sharon O'Donnell	<input type="checkbox"/> Delete
NAME	10075 Gate Parkway n apt 2012	
STREET ADDRESS	Jacksonville, FL 32246	
CITY-ST-ZIP	President, V.P.	
TITLE	Carl R Graham	<input type="checkbox"/> Delete
NAME	10075 Gate Parkway n	
STREET ADDRESS	apt. 2012 Jacksonville, FL 32246	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Carl R Graham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10075 Gate Parkway n	
STREET ADDRESS	apt. 306 Jax, FL 32246	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SHARON O'DONNELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

Daytime Phone #

CR2E034 (10/02)