

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90135 042 ***150.00

DOCUMENT # P97000063105

1. Entity Name

TAN MARKETING, INC.

Principal Place of Business

229 SANPIPER AVE.
ROYAL PALM BEACH FL 33411

Mailing Address

803 FLEETWOOD PLAZA
HENDERSONVILLE NC 28739
US

2. Principal Place of Business

378 FOUNTAINVIEW CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

378 FOUNTAINVIEW CIRCLE

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

City & State

OLDSMAR, FL

Zip

Country

34677

USA

Zip

Country

34677

USA

4. FEI Number

65-0780294

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NUCKOLS, JOSEPH S JR.
229 SANPIPER AVE.
ROYAL PALM BEACH FL 33411

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NUCKOLS, TERRY A
229 SANPIPER AVE.
ROYAL PALM BEACH FL 33411

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 like empowered.

SIGNATURE:

Joseph A. Nuckols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 (813) 918-0747
Date Daytime Phone #

CR2E034 (10/00)