2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P97000075216 1. Entity Name UNIVERSAL TATTOO STUDIO, INC. 01-25-2000 90083 023 ***150.00 Principal Place of Business Mailing Address 163 MIRAÇLE STRIP PKWY 8776 THOMAS DRIVE UNIT #7 FORT WALTON BEACH FL 32548 [0.04035]PANAMA CITY BEACH FL 32408 2. Principal Place of Business 3. Mailing Address 226 A 226AH Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3472572 25 Not Applied to \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. - Name and Address of New Registered Agent BULLARD, JEFFREY B Street Address (P.O. Box Number is Not Acceptable) 163 MIRACLE STRIP PARKWAY FORT WALTON BEACH FL 32548 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS sec. rice President TITLE ☐ Delete TITLE ☐ Change NAME NAME BULLARD, JEFFREY B STREET ADDRESS STREET ADDRESS 2342 VALLEY ROAD CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 Change 🗷 Delete TITLE TITLE NAME STARKY, DANIEL A NAME STREET ADDRESS STREET ADDRESS 2809 APT. A LAGOON KNOLL CITY-ST-ZIP CITY-ST-7IP PANAMA CITY BEACH FL 32408 Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ · · ··· ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE ☐ Delete □ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

B Bullard 1.13.00 850-243-5896 SIGNATURE: HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR