## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P9700088331 JAMAICAN ME BROWN TANNING SALON, INC. 02-03-2001 90056 021 \*\*\*150.00 Principal Place of Business Mailing Address 1086 LEXINGTON CT 1086 LEXINGTON CT LARGO FL 33771 LARGO FL 33771 C0016380 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3472760 Not Applicable Zip Country Country \$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 Name MEIER, DAN Street Address (P.O. Box Number is Not Acceptable) 1086 LEXINGTON CT **LARGO FL 33771** Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE ☐ Addition MEIÈR, DAN NAME NAME STREET ADDRESS 1086 LEXINGTON CT STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-STEZIP -☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF