

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90136 020 ***150.00

DOCUMENT # P97000106370

1. Entity Name
TROPICAL TAN BRONZING BOUTIQUE, INC.

CO081620



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~1075 DUVAL STREET STE C22~~ ~~1075 DUVAL STREET STE C22~~
~~KEY WEST FL 33040~~ ~~KEY WEST FL 33040-3196~~
CHANGE TO:

2. Principal Place of Business 3. Mailing Address
2824 N. Roosevelt Blvd **2824 N. Roosevelt Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
101 The Solarz SPA **101 The Solarz SPA**
 City & State City & State
KEY WEST, FL **KEY WEST, FL**
 Zip Country Zip Country
33040 USA **33040 USA**

4. FEI Number **65-0804208** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MILLS, PAUL S
6200 2ND ST
KEY WEST FL 33040

7. Name and Address of New Registered Agent
 Name **SAME**
 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 **DENISE ARGIRO** **4/21/00**
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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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

TITLE	<input type="checkbox"/> Delete
NAME	D ARGIRO, DENISE G
STREET ADDRESS	1075 DUVAL ST C-22 2824 N. Roosevelt Blvd.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENISE ARGIRO
STREET ADDRESS	2824 N. Roosevelt Blvd.
CITY-ST-ZIP	KEY WEST, FL 33040
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	

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: **DENISE ARGIRO** **4/21/00** **(305) 795-7177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)