

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000108446**

1. Entity Name  
**SUPER TAN II INC**



**FILED**  
**Jun 06, 2003 8:00 am**  
**Secretary of State**

06-06-2003 90044 025 \*\*\*150.00

Principal Place of Business  
**1100 S FEDERAL HWY. STE 4**  
**BOYNTON BEACH FL 33435**

Mailing Address  
**1100 S FEDERAL HWY. STE 4**  
**BOYNTON BEACH FL 33435**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0818046**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOYETTE, SHERRY**  
**1100 S FEDERAL HWY, STE 4**  
**BOYNTON BEACH FL 33435**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>GOYETTE, SHERRY</b> <b>1100 S FEDERAL HWY, STE 4</b> <b>BOYNTON BEACH FL 33435</b>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
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	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment#

8D124818

PG7000108446

Florida Department of State

I have enclosed Four Copy's From  
The computer of my Corporation papers.

on May 30, 2003 I called your Office  
and explained how I did not receive  
any of the Forms to renew my  
Corporations.

I was told that they were  
sent to me and that they must  
of been lost in the mail. I was  
advised by your Office to print  
them off of the Internet and  
send them to you.

I have enclosed a check for  
\$150.<sup>00</sup> for each Corporation.

Thank You,

Tanning SPA I Inc.

Super TAN Inc.

Super TAN II Inc.

Raging Sun of Fl. Inc.