

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011822

1. Entity Name

ANIMAL TAN, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90447 039 ***150.00

Principal Place of Business

5901 BAYVIEW CIRCLE SOUTH
GULFPORT FL 33707

Mailing Address

5901 BAYVIEW CIRCLE SOUTH
GULFPORT FL 33707-3829

2. Principal Place of Business

1911 GULFVIEW DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1911 GULFVIEW DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLIDAY, FLORIDA

City & State

HOLIDAY, FLORIDA

4. FEI Number

59-3476636

Applied For

Not Applicable

Zip

34691

Country

USA

Zip

34691

Country

USA

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

TOMPKINS, WILLIAM B
5901 BAYVIEW CIRCLE SOUTH
GULFPORT FL 33707

Name TOMPKINS, William B.

Street Address (P.O. Box Number is Not Acceptable)

1911 GULFVIEW DRIVE

City HOLIDAY

FL

Zip Code

34691

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

4-24-2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMPKINS, WILLIAM B 5901 BAYVIEW CIRCLE SOUTH GULFPORT FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMPKINS, PATRICIA S 5901 BAYVIEW CIRCLE SOUTH GULFPORT FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOMPKINS, William B. 1911 GULFVIEW DRIVE HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOMPKINS, PATRICIA S 1911 GULFVIEW DRIVE HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM B. TOMPKINS 4-24-2000 727-938-1802

CR2E034 (9/99)