2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 06, 2000 8:00 am Secretary of State DOCUMENT # P98000030067 1. Entity Name SUN GODDESS TANNING, INC. 04-06-2000 90010 002 ***150.00 Principal Place of Business Mailing Address 1195 LAFAIR ST 1195 LAFAIR ST COCOA FL 32781-2242 COCOA FL 32927 AUU33699 2. Principal Place of Business Mailing Address P.O. Box 2242 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3502471 itusulle Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kenneth U. HUSON GILLIS, LIANE D Street Address (P.O. Box Number is Not Acceptable) 3065 SANDALWOOD LN TITUSVILLE FL 32780 se of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!-FEE-IS-\$150,00- 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 OFFICERS AND DIRECTORS 11. Addition Delete TITLE TITLE ANSON, KENNETH J NAME NAME STREET ADDRESS STREET ADDRESS 2250 VISTA TERRACE CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP Change Addition D ☐ Delete TITLE TITLE 1770 WINDOUCE OAKS CIRCLE Building #66 Apr 6 GILLIS, LIANE D NAME NAME STREET ADDRESS STREET ADDRESS 3065 SANDALWOOD LANE CITY-ST-ZIP THUSUILE, FC 32780 CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Change Addition 🔀 Delete TITLE TITLE GILLIS, JEFFREY M NAME STREET ADDRESS 3065 SANDALWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITUSVILLE FL 32780 □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME

13. Thereby 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 exempt 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,

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Penneth J. anson 3/6/00

STREET ADDRESS

CITY-ST-ZIP