

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030067

1. Entity Name

SUN GODDESS TANNING, INC.

Principal Place of Business

1195 LAFAIR ST  
COCOA FL 32927

Mailing Address

P O BOX 2242  
TITUSVILLE FL 32781

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ANSON, KENNETH J  
2250 VISTA TERR  
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name Stanley Sherri D.

Street Address (P.O. Box Number is Not Acceptable)  
6430 Homestead Avenue

City Cocoa

FL

Zip Code 32927

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

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, 2001 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 D  
NAME ANSON, KENNETH J  
STREET ADDRESS 2250 VISTA TERRACE  
CITY-ST-ZIP TITUSVILLE FL 32780 ☒ Delete

TITLE D  
NAME GILLIS, LIANE D  
STREET ADDRESS 1770 WINDOVER OAKS CIR. 66-6  
CITY-ST-ZIP TITUSVILLE FL 32780 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME Stanley, Sherri D.  
STREET ADDRESS 6430 Homestead Avenue  
CITY-ST-ZIP Cocoa, FL. 32927 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Sherri D. Stanley*

Sherri D. Stanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

321-637-7555

Daytime Phone #

FILED  
Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90023 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3502471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)

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