

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0543598 AV

DOCUMENT # P98000035058

1. Entity Name  
SPECIAL EFFECTS TANNING, INC.



FILED

03 FEB -3 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8951 BONITA BEACH RD  
SUITE 550  
BONITA SPRINGS FL 34135

Mailing Address  
8951 BONITA BEACH RD  
SUITE 550  
BONITA SPRINGS FL 34135



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 65-0828567

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name  
SPIEGEL & UTRERA, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
1840 Southwest 22 Street  
4th Floor  
City Miami FL Zip Code 33145

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 By: Natalia Utrera, Vice President (NOTE: Registered Agent signature required when reinstating)

DATE 1/30/03

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 PTD  
NAME MCNALLY, JOHN R  
STREET ADDRESS 8951 BONITA BEACH RD  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800012311278  
02/11/03--01039--014 \*\*150.00

TITLE VSD  
NAME MCNALLY, JOANNA  
STREET ADDRESS 8951 BONITA BEACH RD  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: JOANNA MCNALLY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03 239-949-4006

Date

Daytime Phone #

CR2E034 (10/02)