

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90037 035 ***158.75

DOCUMENT # P98000043213



1. Entity Name
YUCATAN TAN OF FLORIDA, INC.

Principal Place of Business
**18479 U.S. HWY. 19 NORTH
CLEARWATER FL 33764**

Mailing Address
**18479 U.S. HWY. 19 NORTH
CLEARWATER FL 33764**



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 **59-3511960**

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

**JACOBS, MICHELE
18479 U.S. HWY. 19 NORTH
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

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

TITLE	PT	☐ Delete
NAME	JACOBS, MICHELE	
STREET ADDRESS	18479 U.S. HWY. 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VS	☒ Delete
NAME	WILSON, THOMAS	
STREET ADDRESS	18479 U.S. HWY. 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	☒ Change ☐ Addition
NAME	JACOBS, MICHELE	
STREET ADDRESS	18479 US HWY 19 N.	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 727-535-1188
Date Daytime Phone #

CR2E034 (10/02)