FILED

ARCh 14, 700 / 561-625-0179

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 22, 2001 8:00 am DOCUMENT# **P98000046790** Secretary of State FLORIDA TAN, INC. 03-22-2001 90012 008 \*\*\*150.00 Principal Place of Business Mailing Address 720 NORTH DR 720 NORTH DR MELBOURNE FL 32934-9281 MELBOURNE FL 32934-9281 Principal Place of Business 3. Mailing Address 300 Village Square Crossing 300 Village Square Crossing Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 202 Suite 202 City & State City & State 4. FEL Number Applied For 65-0839054 Not Applicable Palm Beach Gardens, FL <u>Palm Beach Gardens, FL</u> Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33410 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCRACKEN, JOHN B Street Address (P.O. Box Number is Not Acceptable) 505 SO. FLAGLER DR., STE. 1100 WEST PALM BEACH FL 33401-3475 City Zip Code 8. The above named entity this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change NAME MURFEY, SPENCER L III NAME Murfey, Spencer L., III STREET ADDRESS STREET ADDRESS 720 N DRIVE 300 Village Square Crossing, Suite 202 CITY-ST-7IP CITY-ST-ZIP MELBOURNE FL 32934-9281 Palm Beach Gardens, FL 33410 Delete TITLE TITLE Change NAME NAME BALDONI, IDEAL F STREET ADDRESS STREET ADDRESS 1032 ISLAND MANOR DR CITY-ST-7IP CITY-ST-7IP WEST PALM BEACH FL 33413 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.