

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000053894

FILED  
Apr 14, 2003  
Secretary of State

Entity Name: BODY TAN, INC.

**Current Principal Place of Business:**

5566 FORT CAROLINE RD  
#20B  
JACKSONVILLE, FL 32277 US

**New Principal Place of Business:**

**Current Mailing Address:**

5566 FORT CAROLINE RD.  
#20B  
JACKSONVILLE, FL 32277 US

**New Mailing Address:**

FEI Number: 59-3517875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KILLINGSWORTH, APRIL  
1409 BELLESHORE CIR.  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

KILLINGSWORTH, APRIL J PRES  
1409 BELLESHORE CIR.  
JACKSONVILLE, FL 32218 US

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: APRIL J KILLINGSWORTH      04/14/2003  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KILLINGSWORTH, APRIL J  
Address: 1409 BELLESHORE CIR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete  
Name: TAYLOR, AMANDA H  
Address: 2742 MC CORMICK WOODS DR  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL J KILLINGSWORTH      PRES      04/14/2003  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date