

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 8:00 am
Secretary of State**

01-08-2001 90033 027 ***150.00

00000427



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000064968**1. Entity Name**
NEW TAMPA TAN, INCORPORATED**Principal Place of Business**
19054 BRUCE B. DOWNS BLVD
TAMPA FL 33647
Mailing Address
19054 BRUCE B. DOWNS BLVD
TAMPA FL 33647**2. Principal Place of Business**
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.**City & State****City & State****4. FEI Number** 59-3527141**Applied For**
☐ Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**LANSKY, GLEN R
GRIFFIN & ASSOCIATES, P.A.
313 E. ROBERTSON STREET
BRANDON FL 33511**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.**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** D ☐ Delete
NAME KLETZING, LARRY N
STREET ADDRESS 19409 VIA DEL MAR, APT NO. 308
CITY-ST-ZIP TAMPA FL 33647**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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.****SIGNATURE:** Larry N. Kletzing **Larry N. Kletzing**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-3-2001 813-903-8826
Date Daytime Phone #

CR2E034 (10/00)