Feb 17, 2003 8:00 am \$ Secretary of State | 202-17-2003 90219 02 17 **FILED**

02-17-2003 90218 024 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000067636 **DOCUMENT#**

1. Entity Name

SUNSETS TANNING SALON, INC.

Principal Place of Business 771 VILLAGE BLVD #206 WEST PALM BEACH FL 33409			771 VILLAG	Mailing Address 771 VILLAGE BLVD #206 WEST PALM BEACH FL 33409								
2. Principal P	lace of Busin	ness	3. Mailing A	3. Mailing Address						(1 1 90 16 01160 1		
Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & Sta	City & State			4. FEI Number 65-0854629			_ 	oplied For ot Applicable	
Zip Country			Zip	Zip Country			5. Certificate of Status Desired Fe			8.75 Additional se Required		
6. Name and Address of Current Registered Agent					4-2	7. Name and Address of New Registered Agent						
					Name			•				
ZARECZN'	Y, MIKE			Street Addres			s (P.O. Box Number is Not Acceptable)					
908 9Th	H WAY					`						
WEST PAL	M BEACH	FL 33407										
									FL	Zip Code		
the obligat	named entitions of regis	y submits this statement tered agent.	for the purpose o	f changing its	registered office or	registere	d agent, or bo	th, in the State of Flor	ida. I am far	miliar with, :	and accept	
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title if applicable.	(NOT	E: Registered Agent signat	ure required w	when reinstating)		DATE			
After	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department			I 11.		Tru	ection Campaign Fina ust Fund Contribution CHANGES TO OFFI		Added	May Be to Fees	
TITLE	Р	01110211074		□ Delete	TITLE	V	1.00			☐ Change	Addition	
NAME	ZARENCY 908 9TH	, MICHAEL J WAY BEACH FL 33407-661		Delete	NAME STREET ADDRESS CITY-ST-ZIP	NO6	elle [alh w). Zarec: ay ach fl. 3	2 <i>1</i> 14			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			***	[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	-	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CUTY-ST-ZIP			1	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-7IP				[☐ Change	☐ Addition	

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:

Michael J. Zaroczny 2-13-03 (561)640-1011