2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000078990** May 22, 2000 8:00 am Secretary of State TANNING USA, INC. 05-22-2000 90029 026 ***150.00 Principal Place of Business Mailing Address 4044 NEWPORT DRIVE 4044 NEWPORT DRIVE SUITE 201 NEW PORT RICHEY FL 34652-6080 NEW PORT RICHEY FL 34653 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3533172 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 3 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent GONZALEZ, KURT **4044 NEWPORT DRIVE** SUITE 201 **NEW PORT RICHEY FL 34653** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PSTD TITLE □ Delete + SAME TITLE GONZALEZ, KURT NAME 1136 FLAGLER DRIVE STREET ADDRESS **4044 NEWPORT DRIVE** STREET ADDRESS FT. LAUDERDALE, FL 3330 4 CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** ☐ Delete TITLE TITLE ←SA ME BRENNAN, MICHAEL NAME NAME 1136 FLAGUEX DRIVE 4044 NEWPORT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDER DALE, FL 33304 **NEW PORT RICHEY FL 34653** CITY-ST-7IP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

G OFFICER OR DIRECTOR

KURT GONZALEZ 4-30-00 (954)-523-103

Daytime Pho