2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095470

1. Entity Name

TANNING AND MORE, INC.

FILED

00 MAY 25 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3300 Bonita Beach Road #124 Bonita Springs, FL 33134	same

2. Principal Place of Business	3. Mailing Address
3300 Bonita Beach Road	3300 Bonita Beach Road
Suite, Apt. #, etc.: #124	Suite, Apt. #, etc.: #124
City & State: Bonita Springs, Florida	City & State: Bonita Springs, Florida
Zip: 34134 Country:	Zip: 34134 Country:

REINSTATEMENT — ADDITIONAL SPACE 99.00

4. FEI Number: 65-0876653 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERILAWYER 343 Almeria Avenue Coral Gables, Florida 33134	Name: SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue City: Coral Gables. FL Zip Code: 33134

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

SPIEGEL & UTRERA, P.A.

SIGNATURE By:
Natalia Utrera, Vice President
Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PSTD NAME: Howe, Sheila B. STREET ADDRESS: 3300 Bonita Beach Road, #124 CITY-ST-ZIP: Bonita Springs, Florida 33134 ☐ Delete	TITLE: PSTD NAME: Howe, Sheila B. STREET ADDRESS: 3300 Bonita Springs Road, #124 CITY-ST-ZIP: Bonita Springs, Florida 34134 ☒ Change ☐ Addition
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 300000273813--0 -06/01/00--01049--011 ☐ Change ☐ Addition ****300.00 ****900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP LS ☐ Change ☐ Addition
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

CR2E034 (9/99)

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: Sheila Howe 5/23/00 (941) 498 6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #