

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90129 028 ***150.00

DOCUMENT # P98000102521

1. Entity Name
J. S. TAN, INC.



Principal Place of Business
4850 OSPREY DRIVE S. #606
ST. PETERSBURG FL 33711

Mailing Address
4850 OSPREY DRIVE S. #606
ST. PETERSBURG FL 33711

30003920



2. Principal Place of Business
4953 S. Bacopa Lane

3. Mailing Address
4953 S. Bacopa Lane

Suite, Apt. #, etc.
A204

Suite, Apt. #, etc.
A204

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33715

Country
USA

Zip
33715

Country
USA

4. FEI Number
59-3551940

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

SWANSON, JEAN D
4850 OSPREY DRIVE S. #606
ST. PETERSBURG FL 33711

Name

Street Address (P.O. Box Number is Not Acceptable)

4953 S. Bacopa Lane

#A204

City

St. Petersburg

FL

Zip Code

33715

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
SWANSON, JEAN D
4880 OSPREY DR. S. #606
ST. PETERSBURG FL 33711

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4953 S. Bacopa Lane #A204
St. Petersburg, FL 33715

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 727-867-6777
Date Daytime Phone #

CR2E034 (10/02)