

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018521 ✓

1. Entity Name.

ULTIMATE TAN OF ORLANDO INC. ✓

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90072 027 \*\*\*150.00

Principal Place of Business

Mailing Address

4231 SHADOW CREEK CIRCLE 4231 SHADOW CREEK CIRCLE  
ORLANDO FL 32765 ORLANDO FL 32765

2. Principal Place of Business

3. Mailing Address

4231 SHADOW CREEK CIRCLE 4231 SHADOW CREEK CIRCLE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

**811973**

DO NOT WRITE IN THIS SPACE

City & State

City & State

ORLANDO FL

ORLANDO FL

4. FEI Number

Applied For

59-3557206

Not Applicable

Zip

Country

Zip

Country

32765

SEMINOLE

32765

SEMINOLE

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

RICHARD GAETANO  
4231 SHADOW CREEK CIRCLE  
ORLANDO FL 32765

Name

RICHARD GAETANO

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

4231 SHADOW CREEK CIRCLE

City

ORLANDO

FL

Zip Code

32765

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/00

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. ☐ Delete  
NAME GAETANO RICHARD  
STREET ADDRESS 4231 SHADOW CREEK CIRCLE  
CITY-ST-ZIP ORLANDO FL 32765

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/20/00

CR2E034 (9/99)