

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90135 012 ***150.00

DOCUMENT # P99000034114

1. Entity Name
BUNDY TANNING, INC.



Principal Place of Business
4430 US HWY 10 NORTH
PALM HARBOR FL 34684

Mailing Address
P.O. BOX 1363
TARPON SPRINGS FL 34688-1363



2. Principal Place of Business
4830 W. Kennedy Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 335

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33609

Country

Zip

Country

4. FEI Number **59-3569350**

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

BUNDY, GREG
989 RIVERSIDE RIDGE RD.
TARPON SPRINGS FL 34689

Name
ALLEN, C. Stephen, Esq.
Street Address (P.O. Box Number is Not Acceptable)
4830 W. Kennedy Blvd.
Suite 335
City
Tampa **FL** Zip Code
33609

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
PT
BUNDY, GREG ☐ Delete
989 RIVERSIDE RIDGE RD.
TARPON SPRINGS FL 34689

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
BUNDY, MARY ☐ Delete
989 RIVERSIDE RIDGE RD.
TARPON SPRINGS FL 34689

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

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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

Date

Daytime Phone #

CR2E034 (10/02)