## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 20, 2002 8:00 am<sup>§</sup> Secretary of State P99000037755 DOCUMENT # 1. Entity Name IN THE SHADE TANNING CENTER, INC. 05-20-2002 90121 044 \*\*\*150.00 Principal Place of Business Mailing Address 3269 BRENTWOOD LANE 4100 N WICKHAM RD MELBOURNE FL 32934 #104 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address han ld #jxj Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3586179 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLMAN HEATLEY, WENDY Street Address (P.O. Box Number is Not Acceptable) 3269 BRENTWOOD LANE **MELBOURNE FL 32934** 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 Floriga SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its:Intangible. 10. Election Campaign Financing \$5:00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. -Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition CR2E034 (9/01) TITLE **PTS** ☐ Delete NAME COLMAN HEATLEY, WENDY NAME 4100 N. Wickham Rd #104 STREET ADDRESS STREET ADDRESS 3269 BRENTWOOD LANE MIDOUNL FI 32935 CITY-ST-ZIP **MELBOURNE FL 32734** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TIT! F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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

SIGNATURE: