2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000042467 Jan 28, 2000 8:00 am 1. Entity Name TANS UNLIMITED, INC. **Secretary of State** 01-28-2000 90080 041 ***150.00 Principal Place of Business Mailing Address 3900 CLARK ROAD, SUITE K-1 3900 CLARK ROAD, SUITE K-1 SARASOTA FL 34233-2374 SARASOTA FL 34233 Principal Place of Business 3. Mailing Address SAM S Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 45-0914968 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEVITT, SANDY Street Address (P.O. Box Number is Not Acceptable) 2201 RINGLING BLVD., SUITE 203 SARASOTA FL 34237 Zip Code to the surpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete , Linda M. YONGBLOOD, LINDA M NAME NAME STREET ADDRESS 2901 SALEM AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34232 ☐ Change Addition ☐ Delete TITLE TITLE YOUNGBLOOD, DAVID J NAME 2901 SALEM AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP Delete TITLE YOUNGBLOOD, HENRY N NAME NAME 4102 HANK STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE YOUNGBLOOD, BETTY J NAME NAME 4102 HANK STREET STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE 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-ZIP CITY-ST-ZIP 13. It 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: