

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90081 010 ***150.00

DOCUMENT # P990000067777

1. Entity Name: **NEW IMAGE HANDS AND TANS, INC.**

Principal Place of Business

**215 HWY 17 SOUTH
EAST PALATKA FL 32131**

Mailing Address

**HC4 BOX 4410
SATSUMA FL 32189**

2. Principal Place of Business

105A SHADY OAKS RD.
Suite, Apt. #, etc.

3. Mailing Address

105A SHADY OAKS RD.
Suite, Apt. #, etc.

City & State

SATSUMA FLORIDA

Zip Country

32189 PUTNAM

4. FEI Number

59-3586099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALFORD, LISA M
HC4 BOX 4410
SATSUMA FL 32189**

7. Name and Address of New Registered Agent

Name

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

105A SHADY OAKS RD.

City

SATSUMA

FL

Zip Code

32189

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **PD** ☐ Delete
NAME **WILLIAMS, LARRY L**
STREET ADDRESS **HC4 BOX 4410**
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **VSD** ☐ Delete
NAME **WILLIAMS, LISA M**
STREET ADDRESS **HC4 BOX 4410**
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **105A SHADY OAKS RD**
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **105A SHADY OAKS RD**
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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:

Lisa M Williams VSD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02

Date

386-325-0948

Daytime Phone #

CR2E034 (9/01)