

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90039 044 ***150.00

DOCUMENT # P99000072660
 1. Entity Name
PRO TAN, INC.

Principal Place of Business Mailing Address
843 WEST SAND LAKE ROAD **843 WEST SAND LAKE ROAD**
ORLANDO FL 32809 **ORLANDO FL 32809**

2. Principal Place of Business 3. Mailing Address
PRO TAN INC **843**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
843 W. SANDLAKE Rd
 City & State City & State
ORLANDO, FL.
 Zip Country Zip Country
32809 **ORANGE**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3593278** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Name and Address of Current Registered Agent
MERKEL, JENNY
843 W SAND LAKE RD
ORLANDO FL 32809

7. Name and Address of New Registered Agent
 Name **JAN MERKEL**
 Street Address (P.O. Box Number is Not Acceptable) **843 W SAND LAKE RD** **SAME**
 City **ORLANDO** FL Zip Code **32809**

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD MERKEL, JENNY 843 WEST SAND LAKE ROAD ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOLCZYCKI, LORRI 843 WEST SAND LAKE ROAD ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROS, MAGDAL 843 WEST SAND LAKE ROAD ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date **JAN 10, 01 (407)** Daytime Phone # **851-0794**

CR2E034 (10/00)