

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087802

FILED
May 19, 2000 8:00 am
Secretary of State

04-25-2000 90112 032 ***150.00

1. Entity Name

EXPRESS TAN, INC.

Principal Place of Business

Mailing Address

5812 LITTLESTONE CT
 NORTH FT MYERS FL 33903

5812 LITTLESTONE CT
 NORTH FT MYERS FL 33903-4923

2. Principal Place of Business

3. Mailing Address

5100 Cleveland Ave.

5100 Cleveland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 312

Suite 312

City & State

City & State

Ft. Myers FL

Ft. Myers FL

Zip

Country

Zip

Country

33903 USA

33903 USA

4. FEI Number

05-0954477

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

STEVENS, WILLIAM D

~~5812 LITTLESTONE ST~~ 5100 Cleveland Ave.
 NORTH FT MYERS FL 33903 Suite 312

Ft. Myers, FL 33907

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	William Stevens	
STREET ADDRESS	5812 Littlestone Ct.	
CITY-ST-ZIP	Ft. Myers, FL 33903	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Elizabeth Roland	
STREET ADDRESS	2026 N.E. 3rd St.	
CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: William D. Stevens 3-17-00 941-656-4214
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)