

**2000 UNIFORM BUSINESS REPORT (UBR)**

4

**DOCUMENT # P99000087802**

1. Entity Name

**EXPRESS TAN, INC.**

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

04-25-2000 90112 032 \*\*\*150.00

Principal Place of Business 5812 LITTLESTONE CT NORTH FT MYERS FL 33903	Mailing Address 5812 LITTLESTONE CT NORTH FT MYERS FL 33903-4923
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5100 Cleveland Ave. Suite 312	3. Mailing Address 5100 Cleveland Ave. Suite 312
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City & State Ft. Myers FL	City & State Ft. Myers FL	4. FEI Number 05-0954477	Applied For Not Applicable
Zip 33903	Country USA	Zip 33903	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STEVENS, WILLIAM D**  
~~5812 LITTLESTONE ST~~ **5100 Cleveland Ave.**  
~~NORTH FT MYERS FL 33903~~ **suite 312**  
**Ft. Myers, FL 33907**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William Stevens 5812 Littlestone Ct. Ft. Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Elizabeth Noland 2026 N.E. 3rd St. Cape Coral, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 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)