

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101305
 1. Entity Name *Ultimate Tanning Co.*
dba
Clearwater Quick Tan

Principal Place of Business Mailing Address
1865 Gulf to Bay Blvd
Clearwater, FL 33765

2. Principal Place of Business *1865 Gulf to Bay Blvd*
 Suite, Apt. #, etc.
 3. Mailing Address *1865 Gulf to Bay Blvd*
 Suite, Apt. #, etc.

City & State *Clearwater FL* City & State *Clearwater FL*
 Zip *33765* Country *Pinellas* Zip *33765* Country *Pinellas*

6. Name and Address of Current Registered Agent

4. FEI Number *59-3608108* Applied For ☐
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name *Precision Business Services*
 Street Address (P.O. Box Number is Not Acceptable)
4175 East Bay Drive # 130
 City *Clearwater* FL Zip Code *33764*

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]* 6/4/00
 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		
TITLE	<input type="checkbox"/> Delete	
NAME	<i>President, Dir</i>	
STREET ADDRESS	<i>Scremy Lynch</i>	
CITY-ST-ZIP	<i>1900 Oak St</i>	
	<i>Clearwater FL 33760</i>	
TITLE	<input type="checkbox"/> Delete	
NAME	<i>Vice President, Dir</i>	
STREET ADDRESS	<i>Deborah Bartoszak</i>	
CITY-ST-ZIP	<i>1900 Oak St</i>	
	<i>Clearwater, FL 33760</i>	
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"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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		
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
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: *[Signature]* 6/25/00
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)