2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # **H53482**

1. Entity Name
SUNCOAST MASSAGE THERAPY CENTER, P.A.

Principal Place of Business	Mailing Address
2906-A BAY TO BAY BLVD TAMPA FL 33629 US	2906-A BAY TO BAY BLVD TAMPA FL 33629 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2683555** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPASSOFF, ALEX R.
2906-A BAY TO BAY BLVD
TAMPA FL
33629 US

7. Name and Address of New Registered Agent

Name
SPASSOFF ALEX R

Street Address (P.O. Box Number is Not Acceptable)
2906-A BAY TO BAY BLVD

City TAMPA FL Zip Code 33629

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 ALEX R. SPASSOFF 04/19/2001
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPD	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	MOORE, DENISE		NAME	MOORE DENISE R	
STREET ADDRESS	3619 SANTIAGO STREET		STREET ADDRESS	311 W HENRY AVE	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	TAMPA FL 33604	
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	SPASSOFF, ALEX R.		NAME	SPASSOFF ALEX R	
STREET ADDRESS	3619 SANTIAGO ST		STREET ADDRESS	311 W. HENRY AVE	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	TAMPA FL 33604	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: ALEX R. SPASSOFF PRES 04/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #