

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 19 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014383

1. Entity Name

~~ANKES MASSAGE THERAPY CLINIC, CO.~~

ADVANCED HEALING THERAPIES, CO.

Principal Place of Business

3750 US 1 SOUTH

S TAUGUSTINE FL 32095

US

Mailing Address

237 NESMITH AVENUE

ST AUGUSTINE FL 32095

US

2. Principal Place of Business

2535 US 1 SOUTH

Suite, Apt. #, etc.

3. Mailing Address

2535 US 1 SOUTH

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

USA

Zip

32086

Country

USA

4. FEI Number

59-3167525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NEUMANN, ALEXANDER C

9008 WESTERN LAKE DR

JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

ANKE CACCIOLA

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

237 NESMITH AVE

City

ST. AUGUSTINE

FL

Zip Code

32084

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anke Cacciola

2/11/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete

NAME NEUMANN-CACCIOLA, ANKE

STREET ADDRESS 237 NESMITH AVE

CITY-ST-ZIP SAN AUGUSTINE FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anke Cacciola 2/11/03 904 794 5188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)