

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90144 039 ***150.00

DOCUMENT # P98000051705

1. Entity Name
HEALTH TECHS.THERAPEUTIC MASSAGE, INC.

Principal Place of Business 434 3RD ST. N. JACKSONVILLE BCH FL 32250	Mailing Address 434 3RD ST. N. JACKSONVILLE BCH FL 32233-4005
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2. Principal Place of Business 447 Atlantic Blvd.	3. Mailing Address 159 Magnolia Street
Suite, Apt. #, etc. 3	Suite, Apt. #, etc.

City & State Atlantic Beach, FL	City & State Atlantic Beach, FL
Zip 32233	Zip 32233
Country USA	Country USA

4. FEI Number **59-3516678** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
COATES, IONA K
6215 SYRINGA LANE
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent
 Name: **NANCI BERGMANN**
 Street Address (P.O. Box Number is Not Acceptable): **159 MAGNOLIA STREET**
 City: **ATLANTIC BEACH** FL Zip Code: **32233**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE **2/7/00**
 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 P	<input type="checkbox"/> Delete
NAME BERGMANN, NANCI	
STREET ADDRESS 434 3RD ST N	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
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 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NB	
STREET ADDRESS 159 MAGNOLIA STREET	
CITY-ST-ZIP ATLANTIC BEACH, FL 32233	
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
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: **2/7/00 (904)607-6070**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)