

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90485 028 ***150.00

DOCUMENT # P97000107825

1. Entity Name

THERAPEUTIC MASSAGE BY RHONDA, INC.

Principal Place of Business

505 AVE A NW

STE 100

WINTER HAVEN FL 33881-4626

US

Mailing Address

505 AVE A NW

STE 100

WINTER HAVEN FL 33881-4626

US

2. Principal Place of Business

101 Ave. C, S.W.

3. Mailing Address

101 Ave. C, S.W.

Suite, Apt. #, etc.

513

City & State

WINTER HAVEN, FL

Zip

33880

Country

POK, USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3484332

Applied For

Not Applicable

Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMILEY, RHONDA

505 AVE A NW

STE 100

WINTER HAVEN FL 33881-4626

7. Name and Address of New Registered Agent

Name

Smiley, Rhonda

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

101 Ave. C, SW Suite 513

Winter Haven

City

FL

Zip Code

33880

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, 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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	SMILEY, RHONDA	
STREET ADDRESS	919 PRIMROSE WAY	
CITY - ST - ZIP	LAKE WALES FL 33853	
TITLE	Smiley, Rhonda	<input type="checkbox"/> Delete
NAME	1746 6th St N.W. #303	
STREET ADDRESS	Winter Haven, FL 33881	
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		
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: Rhonda Smiley, President

4-11-02

863-294-3351

0476595 AV

CR2E034 (9/01)