

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0147804 AB

DOCUMENT # F02000003766

1. Entity Name

PENSACOLA SCHOOL OF MASSAGE THERAPY & HEALTH CARE
EERS, INC.



FILED

03 OCT -8 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7380 EXCHANGE PLACE
BATON ROUGE LA 70806

Mailing Address

7380 EXCHANGE PLACE
BATON ROUGE LA 70806

2. Principal Place of Business

1930 E ck
Suite, Apt. #, etc.

3. Mailing Address

ck
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 68-0510657

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGLEY, RANDALL
1730 CREIGHTON ROAD
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Randall C Wagley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/7/03

FILE NOW!!! FEE IS \$550.00 \$150.
After September 10, 2003 Fee will be \$750.00
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 CP
NAME CLARK, BILLY L
STREET ADDRESS 7380 EXCHANGE PLACE
CITY-ST-ZIP BATON ROUGE LA 70806

Delete

TITLE VCST
NAME WAGLEY, RANDALL
STREET ADDRESS 1730 CREIGHTON ROAD
CITY-ST-ZIP PENSACOLA FL 32504

Delete

TITLE DV
NAME CLARK, DAVID W
STREET ADDRESS 7380 EXCHANGE PLACE
CITY-ST-ZIP BATON ROUGE LA 70806

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

800023377098
09/29/03--01003--014 **758.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Billy L Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/03

Date

225-928-7770

Daytime Phone #

CR2E034 (4/03)