

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L68988

1. Entity Name

LICENSED MASSAGE THERAPY INC.

FILED

Mar 17, 2000 8:00 am  
Secretary of State

03-17-2000 90031 002 \*\*\*150.00

Principal Place of Business

6325 PRESIDENTIAL COURT  
SUITE 7B  
FT MYERS FL 33919  
US

Mailing Address

6325 PRESIDENTIAL COURT  
SUITE 7B  
FT MYERS FL 33919-3515  
US

2. Principal Place of Business

6700 WINKLER RD.

Suite, Apt. #, etc.

SUITE 1

City & State

FORT MYERS FL

Zip

33919

Country

U.S.A

3. Mailing Address

6700 WINKLER RD

Suite, Apt. #, etc.

SUITE 1

City & State

FORT MYERS, FL

Zip

33919

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0208096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITHS, DARLAJEAN M  
105 S.E. 46TH LANE  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

GRIFFITHS, DARLAJEAN M.

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

City

FORT MYERS

FL

Zip Code

33

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

*Darlane M. Griffiths*

DARLAJEAN M. GRIFFITHS OWNER

MARCH 1, 2000

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	DPS	<input checked="" type="checkbox"/> Delete
NAME	GRIFFITHS, DARLAJEAN M	
STREET ADDRESS	105 S.E. 46TH LANE	
CITY-ST-ZIP	CAPE CORAL FL	
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	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITHS, DARLAJEAN M.	
STREET ADDRESS	9190 SOUTH MONT COVE #102	
CITY-ST-ZIP	FORT MYERS, FL 33908	
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:

*Darlane M. Griffiths*

DARLAJEAN M. GRIFFITHS

MARCH 1, 2000

691

481-5033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)