

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90031 024 \*\*\*150.00

0001730 AV

**DOCUMENT # P00000003693**

1. Entity Name

**HEALING HANDS MASSAGE THERAPY & MORE, INC.**



Principal Place of Business

**11681 49TH ST. N., STE. 18  
 CLEARWATER FL 33762**

Mailing Address

**11681 49TH ST. N., STE. 18  
 CLEARWATER FL 33762**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**12041 66th St N**

Suite, Apt., etc.

**Suite B**

City & State

**Largo FL**

Zip

**33773**

Country

**US**

3. Mailing Address

**12041 66th St N**

Suite, Apt., etc.

**Suite B**

City & State

**Largo FL**

Zip

**33773**

Country

**US**

4. FEI Number

**59-3707072**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WAHLS, KATHI**

**11681 49TH ST. N., STE. 18  
 CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

Name **Wahls, Kathi**

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

**12041 66th St N Suite B**

City

**Largo**

FL

Zip Code

**33773**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **PST** ☐ Delete  
 NAME **WAHLS, KATHI**  
 STREET ADDRESS **11681 49TH ST. N., STE. 18**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Change ☐ Addition  
 NAME **Wahls, Kathi**  
 STREET ADDRESS **12041 66th St N Ste B**  
 CITY-ST-ZIP **Largo FL 33773**

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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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Required**

**Kathi Wahls**

**9-10-01**

**727-538-8969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment  
September 10, 2001  
A0086126

Kathi Wahls  
Healing Hands Massage Therapy + More inc  
12041 66th St N Suite B <sup>Due</sup>  
Largo FL 33773  
727-538-8969

# 000000003693

To Whom it may concern,  
I was instructed to write a letter explaining that I never recieved a form that was apparently sent out in January, due to be filled out and returned by May of this year. This is my first year of incorporation and I was not aware that I should have recieved a form in January or that it was Due by May.

My old business address was:  
11681 49th St N suite 13  
Clearwater FL 33762

The Form that I recieved that is due now was addressed to Suite 18. That may have been part of the problem, I don't know. My new address is listed above and has been changed on the form.

Thank you for your understanding. Please contact me if there is anything else I need to do. Thank you.

Kathi Wahls