

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027819

1. Entity Name
BACK-RUBS TO GO, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90013 031 ***150.00

Principal Place of Business
5719 24TH STREET WEST
BRADENTON FL 34207

Mailing Address
5719 24TH STREET WEST
BRADENTON FL 34207

2. Principal Place of Business
20500 COT RD. #458
Suite, Apt. #, etc.

3. Mailing Address
20500 COT RD. #458
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LUTZ, FL

City & State
LUTZ, FL.

4. FEI Number
65-0992773

Applied For
Not Applicable

Zip
33549

Country
PASCO

Zip
33549

Country
PASCO

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

6. Name and Address of Current Registered Agent

VIZONE, FRANK
5719 24TH STREET WEST
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
20500 COT RD. #458
City LUTZ FL Zip Code 33549

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 *Frank Vizione*

14-15-01

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, 2001 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 D
NAME KLEIN, GALE
STREET ADDRESS 5719 24TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34207

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS P.O. Box 1283
CITY-ST-ZIP Lutz, FL. 33549-1283

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Gale Klein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01 (813) 9484923

Date

Daytime Phone #

CR2E034 (10/00)