

FILED

May 10, 2002 8:00 am
Secretary of State

05-10-2002 90054 034 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # *P00000029699*

1. Entity Name

*MASSAGE BY MARK, INC.***DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

916 NE 17th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. F.E.I. Number

Applied For

Not App.

Zip *33305*Country *USA*

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip *33305*

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 submitting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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

11.1 NAME STREET ADDRESS CITY - ST - ZIP	<i>MARK FISHER</i> <i>916 NE 17th Court</i> <i>Ft. Lauderdale, FL 33305</i>	11.2 NAME STREET ADDRESS CITY - ST - ZIP	
11.3 NAME STREET ADDRESS CITY - ST - ZIP		11.4 NAME STREET ADDRESS CITY - ST - ZIP	
11.5 NAME STREET ADDRESS CITY - ST - ZIP		11.6 NAME STREET ADDRESS CITY - ST - ZIP	
11.7 NAME STREET ADDRESS CITY - ST - ZIP		11.8 NAME STREET ADDRESS CITY - ST - ZIP	
11.9 NAME STREET ADDRESS CITY - ST - ZIP		11.10 NAME STREET ADDRESS CITY - ST - ZIP	
11.11 NAME STREET ADDRESS CITY - ST - ZIP		11.12 NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/10/2002