

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90133 044 \*\*\*150.00

0068316 AV

**DOCUMENT # P00000029699**

1. Entity Name  
**MASSAGE BY MARK, INC.**



Principal Place of Business  
**916 NE 17TH COURT  
FORT LAUDERDALE FL 33305**

Mailing Address  
**916 NE 17TH COURT  
FORT LAUDERDALE FL 33305**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0995040**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISHER, MARK  
916 NE 17TH COURT  
FORT LAUDERDALE FL 33305**

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

*Mark A Fisher*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*7-25-2003*

**FILE NOW!!! FEE IS \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FISHER, MARK  
916 NE 17TH COURT  
FORT LAUDERDALE FL 33305**

☐ Delete

TITLE  
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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:

**SIGNATURE** *MARK A FISHER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7-25-2003 954-845-2265*

CR2E034 (4/03)

Attachment

7-25-2003

To Whom it may concern:

I NEVER RECEIVED A UNIFORM # 90147156  
~~#P0000029697~~  
BUSINESS REPORT BEFORE LAST WEEK.

PLEASE ACCEPT MY CHECK FOR THE \$150.00  
I HAD NO IDEA THAT THE REPORT  
WAS DUE.

THANK YOU FOR YOUR COOPERATION

Sincerely Yours,

Mark A. Fisher

MASSAGE BY MARK  
916 NB17 CT  
FT LAUDERDALE, FL  
33305

954-463-6791  
954-895-2265  
EM# 65-0995040