

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052268

1. Entity Name

FEET FIRST REFLEXOLOGY, INC.

Principal Place of Business

2841 CITRUS LAKE DR #K101
NAPLES FL 34109

Mailing Address

2841 CITRUS LAKE DR #K101
NAPLES FL 34109

2. Principal Place of Business

2900 14th St. N
Suite, Apt. #, etc.
20

3. Mailing Address

275 Willoughby DR Ext
Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34103

Country

Zip

Country

4. FEI Number

59-3649651

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUGAAS, MARY ANN

2841 CITRUS LAKE DR #K101
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name MUGAAS, MARY ANN

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

275 Willoughby DR Ext

City

NAPLES

FL

Zip Code

34110

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUGAAS, MARY ANN	
STREET ADDRESS	2841 CITRUS LAKE DR #K101	
CITY-ST-ZIP	NAPLES FL 34109	
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	MUGAAS, MARY ANN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUGAAS, MARY ANN	
STREET ADDRESS	275 Willoughby DR Ext	
CITY-ST-ZIP	NAPLES, FL 34110	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

Daytime Phone #

FILED

Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90072 049 ***158.75

80007052



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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