

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90149 008 ***158.75

DOCUMENT # P00000052268

1. Entity Name
FEET FIRST REFLEXOLOGY, INC.



Principal Place of Business
**2900 14TH STREET NORTH
SUITE 3A
NAPLES FL 34103
US**

Mailing Address
**275 WILLOUGHBY DRIVE EXT
NAPLES FL 34110**



2. Principal Place of Business
2900 14th Street North
Suite, Apt. #, etc.
3A

3. Mailing Address
275 Willoughby Dr. Ext
Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
Naples, FL

4. FEI Number **59-3649651**

Applied For
Not Applicable

Zip
34103

Country
USA

Zip
34110

Country
USA

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

6. Name and Address of Current Registered Agent

**MUGAAS, MARY ANN
275 WILLOUGHBY DR EXT
NAPLES FL 34110**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **D** ☐ Delete
NAME **MUGAAS, MARY ANN**
STREET ADDRESS **275 WILLOUGHBY DR. EXT.**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: Mary Ann Mugaas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-06-03 (239) 514-3563
Date Daytime Phone #

CR2E034 (10/02)