

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90470 022 ***150.00

A0063152

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000060040

1. Entity Name

**NORTH FLORIDA INSTITUTE OF
 MASSAGE THERAPY, INC.**

Principal Place of Business

Mailing Address

**905 St. Johns Ave.
 Palatka, FL 32177**

**905 St. Johns Ave.
 Palatka, FL 32177**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P. O. Box 4497

City & State

City & State

St. Augustine, FL

4. FEI Number

59-3676126

Applied For

Not Applicable

Zip

Country

Zip

Country

32085

USA

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

**Steve R. Green
 1812 Bolton Abbey Dr.
 Jacksonville, FL 32223**

Name

Richard L. Waler, Jr., CPA

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

864 White Eagle Circle

City

St. Augustine,

FL

Zip Code

32086

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

Richard L. Waler, Jr.
Richard L. Waler, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **Steve R. Green**
 STREET ADDRESS **1812 Bolton Abbey Drive**
 CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **D/VP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D/P** ☐ Change ☒ Addition
 NAME **Martin M. Monahan**
 STREET ADDRESS **141 Jupiter Road**
 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Steve R. Green pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01 1904-824-5833

CR2E034 (11/00)