2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000098712**

1. Entity Name
SOFT TOUCH MASSAGE THERAPY, INC.

Principal Place of Business	Mailing Address
5047 PINELAND LANE	5047 PINELAND LANE
ALTAMONTE SPRINGS FL	ALTAMONTE SPRINGS FL
32714	32714

2. Principal Place of Business	3. Mailing Address
5671 VINELAND RD	5671 VINELAND RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32819 Country:	Zip: 32819 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG GARY S
5047 PINELAND LANE
ALTAMONTE SPRINGS FL
32714

7. Name and Address of New Registered Agent

Name
YOUNG GARY SPRES
Street Address (P.O. Box Number is Not Acceptable)
5671 VINELAND RD
City
ORLANDO FL Zip Code 32819

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 GARY S. YOUNG 04/30/2001
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) ☒

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DVS	YOUNG SUSAN B	5671 VINELAND RD	ORLANDO FL 32819	☐	☒
DPT	YOUNG GARY S	5671 VINELAND RD	ORLANDO FL 32819	☐	☒
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CR2E034 (11/00)

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: GARY S. YOUNG PRES 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #