2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098788

1. Entity Name: Atlantic Therapeutic Massage, Inc.

FILED
01 NOV -5 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~14180 Beach Blvd.~~ Jax FL 32250	~~14180 Beach Blvd~~ Jax, FL 32250

2. Principal Place of Business	3. Mailing Address
14185 Beach Blvd	14185 Beach Blvd
Suite, Apt. #, etc.: Suite 8	Suite, Apt. #, etc.: Suite 8
City & State: Jax, FL 32250	City & State:
Zip: Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3686569 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Filings, Inc.
3732 N.W. 16th Street
Ft. Lauderdale, FL 33311-4132

7. Name and Address of New Registered Agent

Name: Hilary Lindsey
Street Address (P.O. Box Number is Not Acceptable): 12357 Burgess Hill Dr
City: Jacksonville FL Zip Code: 32246

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: Hilary Lindsey

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/T/S Hilary Lindsey, 12357 Burgess Hill Dr., Jax, FL 32246 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Mark Lindsey, 12357 Burgess Hill Dr., Jax, FL 32246 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004699198--2 -11/30/01--01010--005 ****150.00 ****150.00
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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: Hilary Lindsey Hilary Lindsey 10/25/01 904 992-3884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #