

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90053 005 \*\*\*150.00

**DOCUMENT # P01000005334**

1. Entity Name  
**FAMILY. MASSAGE THERAPY INC,**

Principal Place of Business  
**537 GOLDENWOOD WAY**  
**WELLINGTON FL 33414**

Mailing Address  
**537 GOLDENWOOD WAY**  
**WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1068563**

Applied For

Not Applicable

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

**BUSINESS FILINGS INCORPORATED**  
**1000 WEST AVENUE**  
**SUITE 1114**  
**MIAMI BEACH FL 33139**

Name **SIMON BRISCOE,**  
 Street Address (P.O. Box Number is Not Acceptable)  
**537 GOLDENWOOD WAY,**  
 City **WELLINGTON** FL Zip Code **33414**

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

Signature, typed or printed name of registered agent and title if applicable.

**SIMON BRISCOE, PRESIDENT**

**08/14/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b> <b>BRISCO, SIMON</b> <b>537 GOLDENWOOD WAY</b> <b>WELLINGTON FL 33414</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T/S</b> <b>BRISCOE, SIMON</b> <b>537 GOLDENWOOD WAY,</b> <b>WELLINGTON, FL 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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:

**SIGNATURE REQUIRED SIMON BRISCOE**

**08/14/02**

**561-3564**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

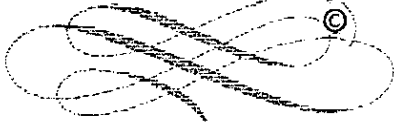
Phone No.

Attachment

872796

P01000005334

# Family Massage Therapy



Licence # MA-0029117

"Your Body and Spirit, Nurtured in our Hands"

September 13, 2002

Dear Sir/madam,

Ref: **Family Massage Therapy Inc., Uniform Business Report**

With reference to the above corporation, please find enclosed the 2002 Uniform Business Report as required, together with the \$150.00 fee. I attempted to file this electronically but I did not have the required access code because I did not receive the initial request form from you on which, according to your department today, it was printed. As such, I am asking that you waive the late fee of \$400.00 as stated in the accompanying information to this request because this is the first notice that I have received.

Trusting this is in order, I remain

yours faithfully,

Simon W. Briscoe, LMT  
President & COO