

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90111 006 ***158.75

DOCUMENT # P01000022008 ✓

1. Entity Name ER Massage Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1522 E. Robinson St.
Suite, Apt. #, etc.

3. Mailing Address
110 Lake Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Oviedo, FL

4. FEI Number
59-3708605

Applied For
☐ Not Applicable

Zip
32801

Country
USA

Zip
32765

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Eric Rossmeissl

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

City Oviedo FL

Zip Code 32765

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

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President (P)
NAME Eric Rossmeissl
STREET ADDRESS 110 Lake Dr
CITY-ST-ZIP Oviedo FL, 32765

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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Rossmeissl

(President)

2-4-02 (407) 366-2647

Date

Daytime Phone #

CR2E034B (12/01)