2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P01000074664 DOCUMENT #

12TH AVENUE MASSAGE THERAPY GROUP INC.



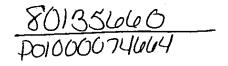
**FILED** Aug 04, 2003 8:00 am Secretary of State

08-04-2003 90148 040 \*\*\*150.00

					WE THE	<b>'</b>				
Principal Place <b>2045 NORTH 1</b> PENSACOLA F US	2TH AVENUE	1728	g Address N. 13TH AVE. ACOLA FL 32503							
2. Principal Pi	N. 12th AVE	3. Mail	ing Address						19021 91519 <b>2</b> 0210	OHIII DIBI IBBI
Suite, Apt.		Suite	e, Apt. #, etc.				CHECK HERE	F MAKING	G CHANGES	
City & State	SACOLA FL	City	City & State			4. 1	FEI Number <b>59-3739931</b>			oplied For
Zip 32503 Country		Zip		Cour	ry <b>5.</b> Ce		Certificate of Status Desired		\$8.75 Ad Fee Require	ditional
	6. Name and Address of Curren	t Registere	d Agent	<u> </u>		7. 1	name and Address of New R	egistered	Agent	
					Name					
COMMON,	BRUCE F BTH-AVE		<del></del>	حضتت	Street Addre	ess (P.O. B	ox Number is Not Acceptable	)		
_	LA FL 32503									
					City	-	19. A P	FL	Zip Coc	le
SIGNATURE .	Specific typed or printed name of registered ager	t and title if app	licable. (NOT	E: Registere	ed Agent signature re	quired when re	instating)  9. Election Campaign Fin	DATE	ec /	20
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department						Trust Fund Contribution		□ Adde	00 May Be d to Fees
10.	OFFICERS AND	DIRECTO	RS	11.		AC	DITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COMMON, LISA A 1728 NORTH 13TH AVENUE PENSACOLA FL 32503		☐ Delete		· ·				☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	TITL					☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME		,	☐ Delete		r-ST-ZIP E	•			☐ Change	Addition
STREET ADDRESS				STR	EET ADDRESS (-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 



July 31, 2003

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Dear Division of Corporations:

I am writing to you because I have made an error.

Our Corporation is just starting out and I am not familiar with all the payments and paperwork. When I got the Uniform Business Report and it said "File Now" I thought it was for our accountant to file (not realizing that I had to send a payment) so I gave it to my accountant with all my 2002 filing information. We filed our taxes recently (we had an extension) and my accountant saw this form with all the paperwork and informed us that it was late and we now owe \$550:00.

This really was an oversight on my part. We would have had no problem paying \$150.00 at the time and would have if I had understood the paperwork and realized that I needed to send a payment. I am asking if it is possible to please waive the late fee this one time. I now know what this form is now and will not miss a payment in the future.

I am enclosing a check for \$150.00. Please feel free to contact me.

Sincerely,

Lisa A. Common