2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State
08-04-2003 90148 040 ***150.00

DOCUMENT # P01000074664

1. Entity Name
12TH AVENUE MASSAGE THERAPY GROUP INC.

Principal Place of Business	Mailing Address
2045 NORTH 12TH AVENUE	1728 N. 13TH AVE.
PENSACOLA FL 32503	PENSACOLA FL 32503
US	

2. Principal Place of Business		3. Mailing Address	
2100 N. 12th AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PENSACOLA FL		City & State	
Zip: 32503	Country	Zip	Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3739931 ☐ 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
COMMON, BRUCE F	Name
1728 N. 13TH AVE.	Street Address (P.O. Box Number is Not Acceptable)
PENSACOLA FL 32503	City FL Zip Code

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: Bruce F Common
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COMMON, LISA A		NAME		
STREET ADDRESS	1728 NORTH 13TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa A Common — SIGNATURE REQUIRED 7/30/03 850-432-6815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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 Common

Lisa A. Common

1728 NORTH 13TH AVENUE
PENSACOLA, FL 32503