

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90394 014 ***150.00

DOCUMENT # P01000074790

1. Entity Name

AMY MARIE PURKEY MASSAGE THERAPY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2385 TAMPA RD

Suite, Apt. #, etc.

STE 1&2

City & State

PALM HARBOR, FL

3. Mailing Address

520 S. ARMENIA AVE

Suite, Apt. #, etc.

1239G

City & State

TAMPA, FL

4. FEI Number

59-3733879

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name

AMY M PURKEY

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

520 S. ARMENIA AVE

520 S. ARMENIA AVE

City

TAMPA

FL

Zip Code

33609

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**DPTS
AMY M PURKEY
520 S. ARMENIA AVE
TAMPA, FL 33609**

TITLE
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CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

AMY M PURKEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-956-1111

Daytime Phone #

CR2E034B (12/01)