

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000088612

Entity Name: ASAUNA, INC.

FILED
Mar 27, 2002 8:00 AM
Secretary of State

Current Principal Place of Business:

ADVANTAGE MASSAGE & THEREPY CLINIC
104B EAST FLETCHER AVENUE
TAMPA, FL 33612

New Principal Place of Business:

ADVANTAGE MASSAGE & THEREPY CLINIC
104A EAST FLETCHER AVENUE - MM11665
TAMPA, FL 33612

Current Mailing Address:

POST OFFICE BOX 48705
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3740346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRYANT, BERNICE A
9221 CYPRESSWOOD CIRCLE
TAMPA, FL 336472431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BRYANT, CRAIG M
Address: 9221 CYPRESSWOOD CIRCLE
City-St-Zip: TAMPA, FL 336472431

Title: VSD () Delete
Name: BRYANT, BERNICE A
Address: 9221 CYPRESSWOOD CIRCLE
City-St-Zip: TAMPA, FL 336472431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG M. BRYANT

PTD

03/27/2002

Electronic Signature of Signing Officer or Director

_____ Date