

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90092 042 ***150.00

DOCUMENT # P01000089145

1. Entity Name
ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC.



Principal Place of Business
**1250 N TAMiami TRAIL #208
NAPLES FL 34102**

Mailing Address
**1250 N TAMiami TRAIL #208
NAPLES FL 34102**

22004059



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3729422

444

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**QUINN, JEFFREY C ESQUIRE
307 AIRPORT RD N
NAPLES FL 34101**

Name

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

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

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 **P**
NAME **HANSEY, ANTHONY**
STREET ADDRESS **4271 PEARL HARBOR DR**
CITY-ST-ZIP **NAPLES FL 34112**

☐ Delete

HANSEN

TITLE **ST**
NAME **HANSEN, PATRICIA J**
STREET ADDRESS **4271 PEARL HARBOR DR**
CITY-ST-ZIP **NAPLES FL 34112**

☐ Delete

HANSEN

TITLE **VP**
NAME **HANSEN, SASCHA L**
STREET ADDRESS **4271 PEARL HARBOR DR**
CITY-ST-ZIP **NAPLES FL 34112**

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HANSEN

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**spelling - e
last name**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

HANSEN

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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:

SIGNATURE

Date

Daytime Phone #

CR2E034 (10/02)