

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000104889

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: FOUR SEASONS MASSAGE THERAPY, INC.

Current Principal Place of Business:

10151 UNIVERSITY BLVD., NO. #257
ORLANDO, FL 32817

New Principal Place of Business:

10151 UNIVERSITY BLVD., NO. #257
ORLANDO, FL 32817 US

Current Mailing Address:

10151 UNIVERSITY BLVD., NO. #257
ORLANDO, FL 32817

New Mailing Address:

10151 UNIVERSITY BLVD., NO. #257
ORLANDO, FL 32817 US

FEI Number: 59-3753839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, CRAIG E
3440 N. GOLDENROD RD., #615
WINTER PARK, FL 32792 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: CEO () Delete
Name: JOSEPH, CRAIG E
Address: 3440 N. GOLDENROD RD., APT. #615
City-St-Zip: WINTER PARK, FL 32792

Title: PD () Delete
Name: JOSEPH, CRAIG E
Address: 3440 N. GOLDENROD RD., APT. #615
City-St-Zip: WINTER PARK, FL 32792

Title: VD () Delete
Name: WASHINGTON, JUANITA
Address: 627 TOWNE SQUARE WAY, APT. #1012
City-St-Zip: ORLANDO, FL 32818

Title: ECD () Delete
Name: BRYAN, TAMARA
Address: 620 S. OHIO AVE.
City-St-Zip: ORLANDO, FL 32805

Title: CFOD () Delete
Name: JONES, RENEE
Address: 2602 LITTLE HILL COVE, #214
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: JOSEPH, CRAIG E
Address: 3440 N. GOLDENROD RD., APT. #615
City-St-Zip: WINTER PARK, FL 32792 US

Title: PD (X) Change () Addition
Name: JOSEPH, CRAIG E
Address: 3440 N. GOLDENROD RD., APT. #615
City-St-Zip: WINTER PARK, FL 32792 US

Title: VD (X) Change () Addition
Name: WASHINGTON, JUANITA
Address: 627 TOWNE SQUARE WAY, APT. #1012
City-St-Zip: ORLANDO, FL 32818 US

Title: ECD (X) Change () Addition
Name: BRYAN, TAMARA
Address: 620 S. OHIO AVE.
City-St-Zip: ORLANDO, FL 32805 US

Title: CFOD (X) Change () Addition
Name: JONES, RENEE
Address: 2602 LITTLE HILL COVE, #214
City-St-Zip: OVIEDO, FL 32765 US

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 E. JOSEPH

PD

04/29/2002

Electronic Signature of Signing Officer or Director

Date