

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90081 012 ***150.00

DOCUMENT # P01000104889

1. Entity Name
FOUR SEASONS MASSAGE THERAPY, INC.



Principal Place of Business
**10151 UNIVERSITY BLVD., NO. #257
ORLANDO FL 32817
US**

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

2. Principal Place of Business
SAME
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3753839**

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

**JOSEPH, CRAIG E
3440 N. GOLDENROD RD., #615
WINTER PARK FL 32792**

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 **CEO** ☐ Delete
NAME **JOSEPH, CRAIG E**
STREET ADDRESS **3440 N. GOLDENROD RD., APT. #615**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **JOSEPH, CRAIG E**
STREET ADDRESS **3440 N. GOLDENROD RD., APT. #615**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WASHINGTON, JUANITA**
STREET ADDRESS **627 TOWNE SQUARE WAY, APT. #1012**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ECD** ☐ Delete
NAME **BRYAN, TAMARA**
STREET ADDRESS **620 S. OHIO AVE.**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☒ Change ☐ Addition
NAME **BRYAN, TAMARA**
STREET ADDRESS **5032 OAK TOWERS DR.**
CITY-ST-ZIP **EDGEWOOD, FL 32839**

TITLE **CFOD** ☐ Delete
NAME **JONES, RENEE**
STREET ADDRESS **2602 LITTLE HILL COVE, #214**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☒ Change ☐ Addition
NAME **JONES, RENEE**
STREET ADDRESS **2602 WEST GRAND RESERVE CIR. #423**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 2003 407-677-6997

Date Daytime Phone #

CR2E034 (10/02)