

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

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90725 022 ***158.75

DOCUMENT # **PO100001180607** ✓

1. Entity Name
Twilight Massage Studio + Luxury Spa

DO NOT WRITE IN THIS SPACE

00004400

2. Principal Place of Business
1415 N AIA STE A

3. Mailing Address
Santa

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
COCA BEACH

City & State

Zip **32931** Country **BREVARD**

Zip Country **BREVARD**

4. FEI Number
04-3597145

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name
JENNIFER JACKSON

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

City **CAPE CANAVERAL** FL Zip Code **32920**

**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 **Jennifer M. Jackson** DATE **March 14, 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **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	JENNIFER JACKSON President 119 Columbia Dr Secretary CAPE CANAVERAL FL 32920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, CEO Jennifer Jackson 119 Columbia Dr Cape Canaveral, FL 32920	TITLE NAME STREET ADDRESS 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)(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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: **Jennifer M. Jackson** DATE **March 14, 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

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IN THIS SPACE**