

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90210 023 ***158.75

DOCUMENT # P08000039784

1. Entity Name

MY THAI MASSAGE INC.



DO NOT WRITE IN THIS SPACE

90090828

2. Principal Place of Business

1809 E. Colonial Dr.

Suite, Apt. #, etc.

Suite #2

City & State

Orlando, FL

Zip 32803

Country

USA.

3. Mailing Address

14732 Tully Woods Ct

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip 32826

Country

USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4231194

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VIPAPORN WATCH

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

14732 Tully Woods Ct

City

Orlando

FL

Zip Code

32826

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

4/12/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

P
VIPAPORN WATCH
14732 Tully Woods Ct
Orlando, FL 32826

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

Date

407-896-1868

Daytime Phone #

CR2E034B (12/02)