FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P0200063000

1. Entity Name

Therapeutic massage & Welliness center
TWC.

FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90211 019 ***150.00

Merapeutic Mussage ?	TWC.	COO WE THE			
DO NOT WRITE IN THIS SPACE			~vv43981		
			, ,		
2. Principal Place of Business 37F20 US HWY 19 N	3. Mailing Address PO BCX &CO				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	DO NOT WRIT	TE IN THIS SPACE	
Palm Harber, F	City & State Taypon Sonr	195. FI	4. FEI Number 46-048-550-7	Applied For Not Applicable	
zip Country 34684 Pinellas	Zip 34089	Country PINE 11AS	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
0407 Melli-13			7. Name and Address of Current Registered Agent		
DO NOT WRITE Street Address (P.O			ille tremin		
and disease and indicates and other committees are proportionally and proportional property of the season of the	renga taga taga kang atau pang pang pang pang pang pang	Street Address	(P.O. Box Number.is.Not Acceptable) 	
IN THIS SI	PACE	L KK	Sterman Ro	-	
		City—Tar	an Sonnis	FL Zip C 3445	
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its i	registered office or registe	red agent, or both, in the State of Flo	rida. I am familiar with, and accept	
SIGNATURE	and little if applicable. (NOTF	: Registered Agent signature require	d when rainstating)	DATE	
January 1 - May 1 Fee is \$150.00	(NOTE:	. Tregistared Agent agridual require			
After May 1, Fee is \$550.00 Amended UBR is \$61.25			9. Election Campaign Fina Trust Fund Contribution	- - +0.00	
Ma: Check Payable to Florida Department of OFFICERS AND	department, a production of the control of the cont		· ·		
HILE Prosident		TITLE			
STREET ADDRESS 1704 OAC SPRING	Dr.	NAME Street Address			
Tarpin Springs,	FZ 34489	CITY-ST-ZIP			
NAME RYAN WICHS		TITLE			
STREET ADDRESS A TO THE COLUMN AS A STREET ADDRESS	Dr.	: STREET ADDRESS			
Tarpin Spinis	PL 34689	CfTY-ST-ZiP			
NAME O		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	DO NOT	WRITE	
TITLE	·	CITY-ST-ZIP.			
NAME		NAME	IN THIS S	SPACE CONTRACTOR	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE		TITLE		Fallballer og til sakt (* 17. getter om Lattigher het mennenhendad	
NAME		NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY - ST - ZIP			
TITLE		TITLE THE SECOND	Ordinar (1800) (1804) (1804) (1804) (1804) (1804) (1804) (1804) (1804) (1804) (1804) (1804) (1804) (1804) (1804)		
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied wit	h this filing does not qualify for	the exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I	further certify that the information	

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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03 121-641-30

Date Dayline Phone #

CR2E034B (12/02)