

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

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

04-18-2003 90211 019 \*\*\*150.00

DOCUMENT # *P02000063002*

1. Entity Name

*Therapeutic Massage & Wellness Center  
INC.*



**DO NOT WRITE IN THIS SPACE**

**00043981**

2. Principal Place of Business

*32520 US Hwy 19 N*

Suite, Apt. #, etc.

3. Mailing Address

*PO Box 805*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Palm Harbor, FL*

City & State

*Tarpon Springs, FL*

4. FEI Number

*46-085507*

Applied For

Not Applicable

Zip

*34684*

Country

*Pinellas*

Zip

*34689*

Country

*Pinellas*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Mike Fernine*

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

*Klasterman Rd*

City

*Tarpon Springs*

FL

Zip Code

*34689*

**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. 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

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 *President*  
NAME *Catrina Willis*  
STREET ADDRESS *1704 Oak Spring Dr.*  
CITY-ST-ZIP *Tarpon Springs, FL 34689*

TITLE *Vice Pres.*  
NAME *Ryan Willis*  
STREET ADDRESS *1704 Oak Spring Dr.*  
CITY-ST-ZIP *Tarpon Springs, FL 34689*

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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:

*Catrina Willis President 4-7-03 727-642-3830*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)