

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000065930

1. Entity Name

Lake-Sumter Massage + Therapeutic
Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11247 US Hwy 301

Suite, Apt. #, etc.

3. Mailing Address

11247 US Hwy 301

Suite, Apt. #, etc.

City & State

Oxford

Zip

31484

Country

Sumter

City & State

Oxford

Zip

31484

Country

Sumter

4. FEI Number

01-0728077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tracy Lynn Zito

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

817 Crestview Cir N.

City

Wildwood

FL

Zip Code

34785

**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

Tracy Lynn Zito

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/17/03

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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	President Tracy Zito 817 Crestview Cir N. Wildwood, FL 34785	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:

Tracy Lynn Zito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/03

Date

(352) 748-5757

Daytime Phone #

CR2E034B (12/01)