

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90996 046 ***150.00

DOCUMENT #

1. Entity Name

ISLAND SANCTUARY MASSAGE THERAPY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2085 A1A S. Unit 304

3. Mailing Address

2085 A1A S. Unit 304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

76-0712399

Applied For

Not Applicable

Zip
32080

Country

USA

Zip

32080

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

O'Connell, W.H. CPA

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

2200 N. Ponce De Leon Blvd. #10

City

St. Augustine

FL

Zip Code

32084

**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 1st, May 1st Fees \$150.00

After May 1st, 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	TITLE	NAME
NAME	Anthony Witkowski	NAME	
STREET ADDRESS	2085 A1A S. Unit 304	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32080	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Lynda Roberts	NAME	
STREET ADDRESS	2085 A1A S. Unit 304	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32080	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/25/03

Daytime Phone #

CR2E034B (12/02)