

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074820

i. Entity Name

A BETTER MESSAGE THERAPEUTIC MASSAGE CENTERS, INC

**FILED**  
Jul 28, 2000 8:00 am  
Secretary of State

06-15-2000 90004 049 \*\*\*150.00

Principal Place of Business DEL PRADO BLVD. 3 CORAL FL 33904	Mailing Address 3108 DEL PRADO BLVD. SUITE 3 CAPE CORAL FL 33904-7226
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Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0455658	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JENNIFER HERRMANN & RICHARD HERRMANN  
4796 HARBOUR CAY BLVD  
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY-1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P HERRMANN, JENNIFER 4796 HARBOUR CAY BLVD. FT MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST HERRMANN, RICHARD 4796 HARBOUR CAY BLVD FT MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E134 (9/99)

06-15-2000 90004 049 \*\*\*150.00

8/1/00 (941) 540-2223