## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Aug 29, 2001 8:00 am Secretary of State DOCUMENT # P94000048223 1. Entity Name 08-29-2001 90010 005 \*\*\*558.75 ACUPUNCTURE AND MASSAGE INSTITUTE OF FLORIDA, IN Principal Place of Business Mailing Address 1441 NORTH WEST 6TH STREET 1441 NORTH WEST 6TH STREET SUITE K SUITE K GAINESVILLE FL 32601 GAINESVILLE FL 32601 2. Principal Place of Business 3. Mailing Address 1425 NW 6TH STREET 1425 NW 6TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3252217 GAINESVILLE GAINESVII FLORIDA Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32601 USA ~ u 5:4 3260 Fee Required > 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DREYFUS, JOYCE Street Address (P.O. Box Number is Not Acceptable) See address change > 618 NORTH EAST 1ST STREET 1425 NW GTH STREET **GAINESVILLE FL 32601** Zip Code عما کے کے City GAINESVIL 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (5/01), a TITLE ☐ Delete TITLE ☐ Change Addition DREYFUS, JOYCE NAME DREYFUS, JOYCE NAME 1441 NW 6TH ST., SUITE K See actionness change STREET ADDRESS STREET ADDRESS 1425 NW GTH ST. 3 1 3 K **GAINESVILLE FL 32601** CITY-ST-7IP CITY-ST-ZIP GAINESVILLE FL 32601 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Attachment Docth Patrovood 8223

**POSTMASTER GAINESVILLE FL** 



August 15, 2001

To Whom It May Concern:

**REF: Address Change** 

Acupuncture and Massage Institute is located at 1425 NW 6th ST. The same address (1425) used to be 1441 NW 6th St. The business has not relocated.

If you have any questions, please call Greta Blanton, Customer Relations Coordinator, at 352-334-7620.

Sincerek

Samuel E Jaudon

SEJ/gb

need a

4600 SW 34TH ST **GAINESVILLE FL 32608-9998** 800-ASK-USPS WWW.USPS.COM