

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

DOCUMENT # P94000077849

1. Entity Name

Costal school of Massage therapy Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT - 2 PM 12:01

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-10/04/02--01027--026

****550.00 ****550.00

2. Principal Place of Business

5110 University BuldW.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

Jacksonville Florida

Zip

Country

Zip

Country

32216

USA

4. FEI Number

5932 88583

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Roxane Mitchell change to

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

Stewart Smith Jr
14560 Pablo Terrace

434 Osceola Av

Jax FL 32224

City

Jacksonville Beach

FL

Zip Code

32250

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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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	Stewart Smith Jr	14560 Pablo Terrace	Jacksonville FL 32216
VICE PRESIDENT	Cathrien Brookings	811 North St.	McCom B Mississippi 39648
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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CR2E034B (12/01)

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:

Stewart Smith Jr
President

10/9/02 904
731-2757