

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90212 011 ***150.00

DOCUMENT # P94000091862

1. Entity Name

ALPHA SCHOOL OF MASSAGE OF THE TREASURE COAST, I

Principal Place of Business

1597 SE PORT ST
 PORT ST LUCIE FL 34952
 US

Mailing Address

15139 75TH AVE N
 PALM BCH GARDENS FL 33418
 US

2. Principal Place of Business

15139 75TH AVE N

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Bch Gardens FL

City & State

4. FEI Number

65-0570750

Applied For

Not Applicable

Zip

Country

Zip

Country

33418 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANNING, LINDA S
 15139 75TH AVE N
 PALM BCH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

TITLE PTD
 NAME LANNING, MICHAEL E
 STREET ADDRESS 7380 S. OCEAN DR., 618-A
 CITY-ST-ZIP JENSEN BEACH FL ☐ Delete

TITLE S
 NAME WILLIAMS, STEVEN D
 STREET ADDRESS 7380 S. OCEAN DR., 618-A
 CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE VP
 NAME POOL, DANIEL B
 STREET ADDRESS 7380 S OCEAN DR 618-A
 CITY-ST-ZIP JENSEN BCH FL 34957 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 9010 Kester Ln
 CITY-ST-ZIP Chattanooga, TN 37421

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Lanning

Date

3-13-01 423-510-0064

Daytime Phone #

CR2E034 (10/00)