## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 23, 2003 8:00 am Secretary of State P94000091862 DOCUMENT # 04-23-2003 90118 018 \*\*\*150.00 ALPHA SCHOOL OF MASSAGE OF THE TREASURE COAST, NC. Principal Place of Business Mailing Address 15139 75TH AVE NORTH 15139-76TH-AVE NORTH-PALM-BEACH-GARDENS FL 83418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address 661 SE NORSEMAN DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Lucie City & State Applied For 4. FEI Number PORT Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. .Name and Address of New Registered Agent Name LANNING, LINDA S Street Address (P.O. Box Number is Not Acceptable) 15139 75TH AVE N PALM BCH GARDENS FL 33418 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE LANNING, MICHAEL E NAME NAME US SE NOWSEMAN DAIVE 9919 KESLER LANE STREET ADDRESS STREET ADDRESS CHATTANOOGA TN 37421port of Lucie, Fi 34984 CITY-ST-ZIP CITY-ST-ZIP **VPS** TITLE Change Delete ☐ Addition TITLE POOL, DANIEL B NAME NAME 661 SE NOISEMAN DILIVE **0010 KESLER LANE** STREET ADDRESS STREET ADDRESS PORT ST LUCIE, FL CHATTANOOGA TN-37421 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition TITLE ~ □ Delete - ~ NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE ☐ Change 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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

4-21-03 772344-4634

Department of the Treasury Internal Revenue Service MEMPHIS

37501-0038

Date of this notice: Taxpayer Identifying Number Form: 2363

OCT. 14, 2002 65-0570750

Tax Period:

For assistance you may call us at:

1-800-829-1040

Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

ALPHA SCHOOL OF MASSAGE OF THE % ALPHA SCHOOL OF MASS OF THE TREA 661 SE NORSEMAN DR PORT ST LUCIE FL 34984-5226610

## EIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED: 62-1870819

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS THAT SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

IF YOU DEPOSIT ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT BEFORE MAKING YOUR DEPOSIT WITH THE FINANCIAL INSTITUTION DESIGNATED TO PROCESS YOUR ELECTRONIC FUNDS TRANSFER (EFT) TAX PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR COOPERATION.

To make sure that IRS	Semployees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on 🔠	
telephone calls.	Overlay 5 Form 8489 (F	200 D
Koon this nart fo	or wour reporte	164.0-

weep this part for your records

Return this part to us with your check or inquiry

Your telephone number

Best time to call

H.:H.H.::H.H.H.H.H.H.H.H.H.H.H.H.:

200240

29963-627-01603-2

MEMPHIS TN

INTERNAL REVENUE SERVICE 37501-0038

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