## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9600007371

1. Entity Name

## ISLAND MASSAGE THERAPY & WELLNESS CENTER, INC.

## FILED Feb 05, 2000 8:00 am Secretary of State

				02-05-2000 90052 021 *	**150.00
Principal Place of Business		Mailing Address		<del>_</del>	
1110 PINELLAS BAYWAY #210 TIERRA VERDE FL 33715		1110 PINELLAS BAYWAY #210 TIERRA VERDE FL 33715-1507			
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
		1			
City & State		City & State		4. FEI Number 59-3354912	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	l Registered Agent	<u> </u>	7. Name and Address of New Registered	
			Name		
1474	N MORGAM BRUNSON, ESQ. JORDAN HILLS COURT	Street Addre		ess (P.O. Box Number is Not Acceptable)	
CLEA	ARWATER FL 33756				
			City	FI	Zip Code
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regi	istered agent, or both, in the State of Florida.	
SIGNATURE ,	Signature, typed or printed name of registered agent a	nd title if applicable. (NO1	E: Registered Agent signature red	quired when reinstating) DATE	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 20	!!! FEE IS \$150.00 000 Fee will be \$550.0		\$5.00 May Be Added to Fees
11.	OFFICERS AND I		ble to Department of	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
TITLE	PSD	Delete	TITLE	ABBITIONS/STIANAES TO STITISE TO ALL	☐ Change ☐ Addition
NAME	FORBES, DEBORAH A	3.50	NAME		
STREET ADDRESS   CITY-ST-ZIP	7317 SECOND AVENUE NORTH		STREET ADDRESS   CITY-ST-ZIP		
TITLE	ST. PETERSBURG FL 33710	Delete	TITLE		Change Addition
NAME		_ Delete	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	<u></u>	<del></del>	CITY-ST-ZIP	<u></u>	
TITLE Name		Delete	TITLE NAME		Change Addition
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 STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<del>_</del>	Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
indicated	on this report or supplemental report is	true and accurate and that	my signature shall have:	n Section 119.07(3)(i), Florida Statutes. I further of the same legal effect as if made under oath; that 607. Florida Statutes; and that my name appears	I am an officer or director

indicated on this report of 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

101 - 88 Date Daying Phone #