

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008088

1. Entity Name

T. NICHOLS MASSAGE THERAPY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90108 002 ***150.00

Principal Place of Business

Mailing Address

8181 38TH AVE. N.
ST. PETERSBURG FL 33710

8181 38TH AVE. N.
ST. PETERSBURG FL 33708-2809

4332 DUHME RD
MADEIRA BEACH FL 33708

4332 DUHME RD
MADEIRA BEACH FL 33708



DO NOT WRITE IN THIS SPACE

El Number **59-3356052**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, DAVID C
19941 GOLF BLVD., #E
INDIAN SHORES FL 34635

Name **David C Hastings**
Street Address (P.O. Box Number is Not Acceptable)
HASTINGS & ASSOCIATES, P.A.
2207 54TH ST S
GULFPORT, FL 33707
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, 2000 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	DPST	<input type="checkbox"/> Delete
NAME	NICHOLS, TODD P	
STREET ADDRESS	14500 N. BAYSHORE DR.	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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CITY-ST-ZIP		

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 contained 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.

NATURE:

Signature and Printed Name of Signing Officer or Director

4/17/00
Date

(727) 391-8500
Daytime Phone #