

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

04-24-2000 90108 002 \*\*\*150.00

**DOCUMENT # P96000008088**

1. Entity Name

**T. NICHOLS MASSAGE THERAPY, INC.**

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

Zip	Country	Zip	Country
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 <b>David C Hastings</b> Street Address (P.O. Box Number is Not Acceptable) <b>HASTINGS &amp; ASSOCIATES, P.A.</b> <b>2207 64TH ST S</b> <b>GULFPORT, FL 33707</b> City <b>FL</b> 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]* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST	TITLE	
NAME	NICHOLS, TODD P	NAME	
STREET ADDRESS	14500 N. BAYSHORE DR.	STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* **4/17/00** **(727) 391-8500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #