2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State
02-20-2000 90059 049 ***150.00

DOCUMENT # P96000039412

1. Entity Name
MASSAGE AMERICA, INC.

Principal Place of Business
205 LEMOX PARKWAY
PENSACOLA, FL 32505

Mailing Address ✓

D0022752

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5100 N NINTH AVE.	1336 STERLING POINT DR.
Suite, Apt. #, etc. SUITE M1209	Suite, Apt. #, etc. —
City & State PENSACOLA, FL	City & State GULF BREEZE, FL
Zip 32504 Country US	Zip 32561 Country US

4. FEI Number 59-3396902 ☐ 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
GAIL DITTEMBER 205 LEMOX PARKWAY PENSACOLA, FL 32505	Name PHILIP M. GILLMAN Street Address (P.O. Box Number is Not Acceptable) 1336 STERLING POINT DRIVE City GULF BREEZE FL Zip Code 32561

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 Philip Matthew Gillman 2-9-00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GAIL DITTEMBER 205 LEMOX PARKWAY PENSACOLA, FL 32505 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PHILIP M. GILLMAN 1336 STERLING POINT DR. GULF BREEZE, FL 32561 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TERRANCE DITTEMBER 205 LEMOX PARKWAY PENSACOLA, FL 32505 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JACQUELINE L. GILLMAN 1336 STERLING POINT DR. GULF BREEZE, FL 32561 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS / ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Philip Matthew Gillman PHILIP Matthew Gillman 2-9-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #