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 / Mailing Address
205 LEMOX PARKWAY
PENSACOLA, FL 32505

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
GAIL DITTEMBER
205 LEMOX PARKWAY
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent
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 Gill — 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

TITLE	P	☑ Delete
NAME	GAIL DITTEMBER	
STREET ADDRESS	205 LEMOX PARKWAY	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	V	☑ Delete
NAME	TERRANCE DITTEMBER	
STREET ADDRESS	205 LEMOX PARKWAY	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☑ Change ☐ Addition
NAME	PHILIP M. GILLMAN	
STREET ADDRESS	1336 STERLING POINT DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	V	☑ Change ☐ Addition
NAME	JACQUELINE L. GILLMAN	
STREET ADDRESS	1336 STERLING POINT DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #