

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90152 039 ***150.00

DOCUMENT # P97000053742

1. Entity Name
HAPPY HANDS MASSAGE & OILS, INC.



Principal Place of Business
**1826 SW LEAFY ROAD
PORT ST. LUCIE FL 34953**

Mailing Address
**1826 SW LEAFY ROAD
PORT ST. LUCIE FL 34953**

2. Principal Place of Business
1826 SW Leafy Rd
Suite, Apt. #, etc.
Port St Lucie

3. Mailing Address
1826 SW Leafy Rd
Suite, Apt. #, etc.
Port St Lucie

City & State
FL

City & State
Port St Lucie FL

Zip
34953 Country
USA

Zip
34953 Country
USA

4. FEI Number **65-0545714**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARNES, MARGIANNE — MARGIEANNE
1826 SW LEAFY ROAD
PORT ST. LUCIE FL 34953

Spelled correctly below

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Margieanne Barnes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-09-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BARNES, MARGIEANNE**
STREET ADDRESS **1826 SW LEAFY ROAD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE **D** ☐ Delete
NAME **BARNES, THOMAS J**
STREET ADDRESS **1826 SW LEAFY ROAD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margieanne Barnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-03

Date

772-878-7734

Daytime Phone #

CR2E034 (10/02)