

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90147 001 ***150.00
 03-05-2001 90147 002 *****8.75

DOCUMENT # P97000061792

1. Entity Name
DANNY FORD LICENSED MASSAGE THERAPIST, P.A.

Principal Place of Business
**500 MEMORIAL CR
 ORMOND BEACH FL 32174**

Mailing Address
**2006 HICKORY WOOD DRIVE
 SOUTH DAYTONA FL 32119**

2. Principal Place of Business

3. Mailing Address
55 SPRING MEADOWS DRIVE

Suite, Apt. #, etc.
C

Suite, Apt. #, etc.

City & State

City & State
ORMOND BEACH, FL

4. FEI Number **59-3461760**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32174

U.S.A.

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

**FORD, DANNY
 2006 HICKORYWOOD DRIVE
 SOUTH DAYTONA FL 32119**

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.

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, 2001 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
**PSYD
 FORD, DANNY
 2006 HICKORY WOOD DR
 SOUTH DAYTONA FL 32119** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**55 SPRING MEADOWS DRIVE
 ORMOND BEACH, FL 32174** ☒ 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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-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 life empowered.

SIGNATURE:

DANNY FORD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-01
 Date

(904) 615-3500
 Daytime Phone #

CR2E034 (10/00)