

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90160 028 ***150.00

DOCUMENT # P97000092054

1. Entity Name

GOLDEN TOUCH MASSAGE, INC.

Principal Place of Business

**503 S MACDILL AVE. SUITE #1
TAMPA FL 33609-3000**

Mailing Address

**503 S MACDILL AVE. SUITE #1
TAMPA FL 33609-3000**

2. Principal Place of Business

503 S. Mac Dill Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite #6

Suite, Apt. #, etc.

Suite #6

City & State

Same

City & State

Same

Zip

Same

Country

Same

Zip

33609

Country

USA

4. FEI Number

59-3477340

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURPHEY, WILLIAM E

**101 E KENNEDY BLVD, SUITE 2800
TAMPA FL 33602**

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.

SIGNATURE

Karen S. Golden, President

10 Feb 2002

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, 2002 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	PTSD	<input checked="" type="checkbox"/> Delete
NAME	GOLDEN, KAREN	
STREET ADDRESS	503 S MACDILL AVE, SUITE #1	
CITY-ST-ZIP	TAMPA FL 33609-3000	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	GOLDEN, KAREN	
STREET ADDRESS	503 S. Mac Dill Ave Suite #6	
CITY-ST-ZIP	TAMPA Fla 33609-3000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Karen S. Golden, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 Feb 2002

CR2E034 (9/01)