

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90296 038 ***150.00

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DOCUMENT # P97000092054

1. Entity Name

GOLDEN TOUCH MASSAGE, INC.



Principal Place of Business

**503 S MACDILL AVE. SUITE #6
TAMPA FL 33609-3000**

Mailing Address

**503 S MACDILL AVE. SUITE #6
TAMPA FL 33609-3000**



2. Principal Place of Business

503 S. MACDILL AVE

3. Mailing Address

503 S. MACDILL AVE

Suite, Apt. #, etc.

SUITE #3

Suite, Apt. #, etc.

SUITE #3

City & State

TAMPA FLA

City & State

TAMPA FLA

Zip

33609-3000

Country

USA

Zip

33609-3000

Country

USA

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

April 1, 2003
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	PTSD	<input type="checkbox"/> Delete
NAME	GOLDEN, KAREN	
STREET ADDRESS	503 S MACDILL AVE STE 6	
CITY-ST-ZIP	TAMPA FL 33609-3000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	

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:

Karen Golden President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2003
Date

813-876-2285
Daytime Phone #

CR2E034 (10/02)