

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107825

1. Entity Name

THERAPEUTIC MASSAGE BY RHONDA, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90122 039 ***150.00

Principal Place of Business

Mailing Address

1503 3RD. ST. S.E.
WINTER HAVEN FL 33880

1503 3RD. ST. S.E.
WINTER HAVEN FL 33881-4626

2. Principal Place of Business

505 AVE A N.W.

3. Mailing Address

505 AVE A N.W.

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

WINTER HAVEN FL

City & State

WINTER HAVEN FL

Zip

33881-4626

Country

USA

Zip

33881-4626

Country

USA

4. FEI Number

59-3484332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMILEY, RHONDA
1503 3RD. ST. S.E.
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

RHONDA SMILEY

Street Address (P.O. Box Number is Not Acceptable)

505 AVE A N.W. SUITE 100

City

WINTER HAVEN

FL

Zip Code

33881-4626

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

Rhonda Smiley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-2000

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 D
NAME SMILEY, RHONDA
STREET ADDRESS 913 PRIMROSE WAY
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Add

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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:

Rhonda Smiley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000 863-29435
Date Daytime Phone #