

2000 UNIFORM BUSINESS REPORT (UBR)

004274

DOCUMENT # P98000001623

1. Entity Name

PROFESSIONAL MASSAGE SERVICES, INC.

FILED

00 FEB -2 PM 3:52

Principal Place of Business

Mailing Address

626 MARSH LANDING PARKWAY STE. 203
JACKSONVILLE BEACH FL 32250

626 MARSH LANDING PARKWAY STE. 203
JACKSONVILLE BEACH FL 32250-5850

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

626 Marsh Landing Parkway
Suite 228

626 Marsh Landing Parkway
Suite 228

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

Zip
32250

Zip
32250

Country
USA

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3486665

Applied For

Not Applicable

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

TARBART, WILLIAM
626 MARSH LANDING PARKWAY STE. 203
JACKSONVILLE BEACH FL 32250

Name
Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, Suite 3000

333 N. W. 1st St. Suite 3000

City
Miami FL Zip 33131

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: *William Tarbart* Vice President DATE: 1-31-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TARBART, WILLIAM
STREET ADDRESS 626 MARSH LANDING PARKWAY STE. 203
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE PD
NAME TARBART, WILLIAM
STREET ADDRESS 626 Marsh Landing Parkway Ste 228
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE
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CITY-ST-ZIP

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NAME
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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: *William Tarbart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #