

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027095

1. Entity Name

NEW FRONTIER MASSAGE THERAPY SERVICES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90013 001 ***300.00

Principal Place of Business

7256 STATE RD 54
NEW PORT RICHEY FL 34653

Mailing Address

7256 STATE RD 54
NEW PORT RICHEY FL 34684-1618

2. Principal Place of Business

3064 LANDING WAY

3. Mailing Address

3064 LANDING WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR FL

4. FEI Number

59-3505435

Applied For

Not Applicable

Zip
34684

Country
USA

Zip
34684

Country
USA

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

DRESCHNACK, JAY J
7256 STATE RD 54
NEW PORT RICHEY FL 34653

Name

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

3064 LANDING WAY

City

PALM HARBOR FL

Zip Code

34684

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

Jay Dreschnack

JAY DRESCHNACK, PRESIDENT

01/25/00

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, 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 ☐ Delete
NAME DRESCHNACK, JAY J
STREET ADDRESS 7256 STATE RD 54
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE PD ☒ Change ☐ Addition
NAME DRESCHNACK, JAY J.
STREET ADDRESS 3064 LANDING WAY
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jay Dreschnack JAY DRESCHNACK

01-25-00

Date

727-784-8901

Daytime Phone #

CR2E034 (9/99)