

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90098 049 ***150.00

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1. Entity Name
CORPORATE MASSAGE THERAPY, INC.



Principal Place of Business
**328-H BANYAN BLVD.
SUITE D
WEST PALM BEACH FL 33401**

Mailing Address
**328-H BANYAN BLVD.
SUITE D
WEST PALM BEACH FL 33401**



2. Principal Place of Business
**328 BANYAN BLVD
Suite, Apt. #, etc.
SUITE D**

3. Mailing Address
**328 BANYAN BLVD.
Suite, Apt. #, etc.
SUITE D**

☐ CHECK HERE IF MAKING CHANGES

City & State
WPB, FL

City & State
WPB, FL

4. FEI Number **65-0842705**

Applied For
Not Applicable

Zip
33401

Country
FL

Zip
33401

Country
FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ULSETH, CHRISTINE
328-H BANYAN BLVD.
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **Ulseth, Christine**
Street Address (P.O. Box Number is Not Acceptable)
328-D Banyan Blvd
City **WPB** FL Zip Code **33401**

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

(NOTE: Registered Agent signature required when reinstating)

1/7/03
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 NAME STREET ADDRESS CITY - ST - ZIP	P ULSETH, CHRISTINE 5523 BARNSTEAD CIRCLE LAKE WORTH FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Christine Ulseth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTINE ULSETH **1/7/03** **833-1530**
Date Daytime Phone #

CR2E034 (10/02)