

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063275

1. Entity Name

MASSAGE THERAPY SPECIALISTS, INC.

Principal Place of Business

5467 HANSEL AVE. H-18  
ORLANDO FL 32809

Mailing Address

PO BOX 568573  
ORLANDO FL 32869

2. Principal Place of Business

3. Mailing Address

P.O. Box 568573

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orlando, FL

City &amp; State

City &amp; State

32856-8573

Zip

Country

Zip

Country

4. FEI Number

59-3523660

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WALSTED, SHARON  
5467 HANSEL AVENUE #H-18  
ORLANDO FL 32809

## 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.

SIGNATURE

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. 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

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEINZ, HEATHER 7337 VICTORIA CIR. ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Walsted, Sharon R. 5467 Hansel Ave. H-18 Orlando, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALSTED, SHARON 5467 HANSEL AVE H-18 ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Walsted, Dennis C. 5137 Lake Miriam cr. Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Walsted-D'Andrea, Erika 17800 Regis Dr. Pflugerville, TX 78660	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon R. Walsted President 4-26-01 407-438-0372

Date

Daytime Phone #