

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90134 050 ***158.75

0112402 AV

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 32856-8573

2. Principal Place of Business

5401 PINE CREEK DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

32811

Country

Zip

Country

4. FEI Number

59-3523660

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

WALSTED, SHARON R.

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

5401 PINE CREEK DR.

City

ORLANDO

FL

Zip Code

32811

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, 2002 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 **P** ☒ Delete
 NAME **WALSTED, SHARON R**
 STREET ADDRESS **5467 HANSEL AVE H-18**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **S** ☐ Delete
 NAME **WALSTED, DENNIS C**
 STREET ADDRESS **4137 LAKE MIRIAM CIRCLE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **VP** ☐ Delete
 NAME **WALSTED-D' ANDREA, ERIKA**
 STREET ADDRESS **17800 REGIS DR.**
 CITY-ST-ZIP **PFLUGERVILLE TX 78660**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **WALSTED, SHARON R.**
 STREET ADDRESS **5401 PINE CREEK DR.**
 CITY-ST-ZIP **ORLANDO, FL 32811**

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

TITLE ☐ Change ☐ Addition
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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:

Sharon R. Walsted
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2.27.02 407 426.8691
 Daytime Phone #

CR2E034 (9/01)