

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91423 033 \*\*\*150.00

05/5/58 AV

DOCUMENT # P99000000010

1. Entity Name

ADVANCED THERAPEUTICS & MASSAGE, INC.



Principal Place of Business

17820 SE 109TH AVE  
SUITE 106A 107  
SUMMERFIELD FL 34491

Mailing Address

17820 SE 109TH AVE  
SUITE 106A 107  
SUMMERFIELD FL 34491

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0883299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CALIA, LISA  
12550 SE 53RD CT.  
BELLEVIEW FL 34420

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lisa Calia*

*Lisa Calia*

4-24-03

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

(NOTE: Registered Agent signature required when reinstating)

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 PD  
NAME CALIA, LISA  
STREET ADDRESS 12550 SE 53RD CT  
CITY-ST-ZIP BELLEVIEW FL 34420

☐ Delete

TITLE STD  
NAME JACQUES, ROSEMARIE  
STREET ADDRESS 13465 SE 32ND CT  
CITY-ST-ZIP BELLEVIEW FL 34420

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03 (352) 307-9080  
Date Daytime Phone #

CR2E034 (10/02)