

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90008 034 \*\*\*150.00

549567



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000000036**

1. Entity Name

**CENTER FOR MESSAGE THERAPY & SKINCARE, INC.**

Principal Place of Business

~~GOLD'S GYM~~  
 3761 S NOVA RD  
 PORT ORANGE FL 32119

Mailing Address

PO BOX 291177  
 PORT ORANGE FL 32119

2. Principal Place of Business

2447 S. Ridgewood Ave

3. Mailing Address

P.O. Box 291177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Daytona, FL

City & State

Port Orange, FL

4. FEI Number

59-3549435

Applied For

Not Applicable

Zip

32119

Country

U.S.A

Zip

32129

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JADOO-STEVENSON, TODDY R  
 2110 S PALMETTO AVE  
 APT 47  
 SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name: Toddy R Jadoo-Stevens  
 Street Address (P.O. Box Number is Not Acceptable):  
1190 Herbert Street  
# 5  
 City: Port Orange FL Zip Code: 32119

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

*Jadoo Stevens*

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	JADOO-STEVENSON, TODDY R	
STREET ADDRESS	2110 S PALMETTO AVE, APT 47	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	Toddy R Jadoo-Stevens	<input type="checkbox"/> Delete
NAME	1190 Herbert St # 5	
STREET ADDRESS	Port Orange FL 32119	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Jadoo Stevens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/01 (886) 3046954

Date

Daytime Phone #

CR2E034 (10/00)