2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90497 021 ***150.00

D00056830

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000025622

1. Entity Name
Massage for Healthy Living, Inc

Principal Place of Business
~~Massage for Healthy Living, Inc~~

Mailing Address
3691 Winkler Ave #821
Ft. Myers FL 33916

2. Principal Place of Business	3. Mailing Address
3660 Central Avenue	P.O. Box 7844
Suite, Apt. #, etc.: Suite 6	Suite, Apt. #, etc.
City & State: Ft. Myers FL	City & State: Ft. Myers FL
Zip: 33901 / Country: ~~Lee~~ USA	Zip: 33911 / Country: USA

4. FEI Number: 65-0900458 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~Thomas Wanderson~~
~~9915 Tamiami Trail North, Suite 2~~
~~Naples, FL 34108~~
Kim Van Winkle
3691 Winkler Ave #821, Ft Myers FL 33916

7. Name and Address of New Registered Agent
Name: Kim Van Winkle
Street Address (P.O. Box Number is Not Acceptable): 1537 Alcazar Ave
City: Ft Myers **FL** Zip Code: 33901

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: KVW Kim Van Winkle - P-S-T — 5-01-01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-S-T Kim Van Winkle 3691 Winkler Ave #821 Ft Myers FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres., Secretary, Treas. Kim Van Winkle 1537 Alcazar Ave. Ft. Myers FL 33901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: KVW Kim Van Winkle P-S-T — 5-1-01 — 941-936-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #