

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029356

1. Entity Name

RIVER OAKS MASSAGE THERAPY SERVICES, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90050 001 \*\*\*158.75

Principal Place of Business

5190 26TH ST WEST  
STE B  
BRADENTON FL 34207  
US

Mailing Address

5126 41ST STREET WEST  
BRADENTON FL 34210

2. Principal Place of Business

5126 41ST STREET WEST

3. Mailing Address

5126 41ST STREET WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34210

Country

USA

Zip

34210

Country

USA

4. FEI Number

65-0917141

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRUTHERS, ELLEN A  
5126 41ST STREET WEST  
BRADENTON FL 34210

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 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 **P** ☐ Delete  
NAME **CARRUTHERS, ELLEN A**  
STREET ADDRESS **5126 41ST ST W**  
CITY-ST-ZIP **BRADENTON FL 34210-3292**

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

TITLE **S** ☐ Delete  
NAME **CARRUTHERS, DAVID N**  
STREET ADDRESS **5126 41ST ST W**  
CITY-ST-ZIP **BRADENTON FL 34210-3292**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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: Ellen A. Carruthers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2001 941-321-6288  
Date Daytime Phone #

CR2E034 (10/00)