

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90240 006 ***150.00

DOCUMENT # P99000035637

1. Entity Name
MY MESSAGE THERAPIST INCORPORATED

Principal Place of Business
**145 EAST EVERGREEN AVENUE
 LONGWOOD FL 32750**

Mailing Address
**145 EAST EVERGREEN AVENUE
 LONGWOOD FL 32750**

2. Principal Place of Business
same
 Suite, Apt. #, etc.

3. Mailing Address
145 East Evergreen Ave.
 Suite, Apt. #, etc.

City & State

City & State
Longwood, FL

4. FEI Number
59-3591627

Applied For
 Not Applicable

Zip Country
32750 USA

Zip Country
32750 USA

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

**FASOLD, SUSAN C
 145 EAST EVERGREEN AVENUE
 LONGWOOD FL 32750**

Name **Susan C. Fasold**
 Street Address (P.O. Box Number is Not Acceptable)
3328 Foxwood Dr.
 City **Apopka** FL Zip Code **32703**

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 *Susan C. Fasold*
Signature, typed or printed name of registered agent and title if applicable.

DATE **9/8/00**
DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D Pres, VP, Secretary, Treasurer <input type="checkbox"/> Delete FASOLD, SUSAN C 145 EAST EVERGREEN AVENUE LONGWOOD FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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 life empowered.

SIGNATURE *Susan C. Fasold*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9/8/00** DAYTIME PHONE # **(407) 421-2347**

CR2E034 (5/00)

AU077041



DO NOT WRITE IN THIS SPACE

Attachment # P99000035637

ADD 7704

September 8, 2000

Division of Corporations
Uniform Business Report Filings

PO. Box 1500
Tallahassee, FL 32303-1500

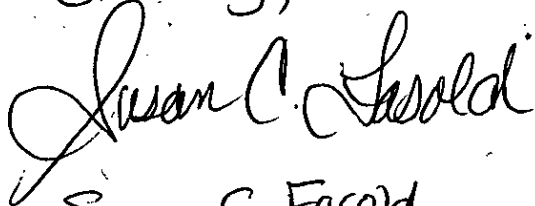
Document: P99000035637
To Whom It May Concern:

Enclosed please find a check for \$150.00 as well as
the Uniform Business Report (UBR).

I called the office, Division of Corporations, and
notified them that this was the first noticed I
received. Therefore, she stated I could pay the \$150.00

If you need any further information, please do not
hesitate to contact me.

Sincerely,



Susan C. Fasold
My Massage Therapist, Inc.