

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90032 038 ***150.00

0049787

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 AVE
 LONGWOOD FL 32750
 US**

2. Principal Place of Business

3. Mailing Address

3328 Foxwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Apopka, FL

Zip

Country

Zip

Country

32703

USA

4. FEI Number

59-3591627

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

**FOSOLD, SUSAN C
 3328 FOXWOOD DR
 APOPKA FL 32703**

Name

Susan C. Fasold

Street Address (P.O. Box Number is Not Acceptable)

3328 Foxwood Drive

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

Susan C. Fasold, President 4/26/01

(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 **DPVP** ☐ Delete
 NAME **FASOLD, SUSAN C**
 STREET ADDRESS **145 EAST EVERGREEN AVENUE**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Susan C. Fasold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

407-421-2347

Daytime Phone #

CR2E034 (10/00)