2000 UNIFORM BUSINESS REPORT (UBR)

4/4/2(

FILED
Jul 05, 2000 8:00 am
Secretary of State
04-26-2000 90184 015 ***150.00

DOCUMENT # P99000042132

1. Entity Name

SHERYL ANNE CAMMENGA MASSAGE THERAPY, INC.

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Principal Place of Business	Mailing Address
C/O SHERYL ANNE CAMMENGA 4803 Buchanan DR Ft Pierce FL 34982-7109	C/O SHERYL ANNE CAMMENGA 4803 BUCHANAN DRIVE FORT PIERCE FL 34982-7109

Sheryl Anne Cammenga Massage Therapy, Inc.

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4803 Buchanan DR	4803 Buchanan Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Pierce FL	City & State: Ft Pierce
Zip: 34982 — Country: USA	Zip: 34982 — Country: USA

4. FEI Number 65-0909754 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMMENGA, SHERYL ANNE
4803 BUCHANAN DRIVE
FORT PIERCE FL 34982

7. Name and Address of New Registered Agent

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)

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, 2000 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	☐ Delete	TITLE: President NAME: Sheryl Anne Cammenga, President STREET ADDRESS: 4803 Buchanan Drive CITY-ST-ZIP: Ft Pierce FL 34982	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Sheryl A. Cammenga LMT President — 05/15/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #