

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-13-2002 90165 020 ***150.00

DOCUMENT # **P99000042132**

SHERYL ANN CAMMENG MASSAGE THERAPY, INC.

DO NOT WRITE IN THIS SPACE

34882

1. Name of Corporation SHERYL ANN CAMMENG MASSAGE		3. Mailing Address 4803 BUCHANAN DR	
2. City, State, and Zip PORT PIERCE		4. State, Apt., etc. FLORIDA	
5. Federal Tax ID 34982	6. Country FL	7. Phone Number 65-0909754	8. Additional Fee Required \$8.75

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent SHERYL ANN CAMMENG	
4803 BUCHANAN DR	
PORT ST. LUCIE	FL 34982

8. I, the undersigned, hereby certify that the information furnished on this report is true and accurate and that I am an officer or director of the corporation or the registered agent of the corporation.	
Sheryl Ann Cammenga, President	4-14-02

9. This corporation is eligible to qualify for the simplified filing requirements and elects to do so. ☐	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS	
PRES.	SHERYL ANN CAMMENG 4803 BUCHANAN DR PORT ST. LUCIE, FL 34982
V.P.	Sarah Elizabeth Roman 4803 Buchanan Drive St. Pierce, FL 34982
DO NOT WRITE IN THIS SPACE	

11. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information furnished 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 registered agent of the corporation, and that my name appears in Block 11 on an attachment with an address, with all other like employees.	
SIGNATURE:	Sheryl Ann Cammenga, President 4-14-02

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