

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91392 035 ***150.00

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DOCUMENT # P99000048129

1. Entity Name
MASSAGEWORKS USA, INC.



Principal Place of Business
**2245 UNIVERSITY MALL
STE 399 2200 E FOWLER AVE
TAMPA FL 33612**

Mailing Address
**C/O KEITH TITUS
13006 PRESTWICK DRIVE
RIVERVIEW FL 33569**



2. Principal Place of Business

c/o Keith Titus

3. Mailing Address

c/o Keith Titus

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13006 Prestwick Drive

3801 Corporate Park Dr #110A

City & State

City & State

Riverview, FL

Tampa, FL

Zip

Country

Zip

Country

33569

USA

33619

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3576386**

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

**TITUS, KEITH
13066 PRESTWICK DR
RIVERVIEW FL 33569**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TITUS, KEITH 13066 PRESTWICK DR RIVERVIEW FL 33569	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Titus, President 04/25/03 (813)931-3311
Date Daytime Phone #

CR2E034 (10/02)