

# 2000 UNIFORM BUSINESS REPORT (UBR)

0513964

DOCUMENT # P99000059873

1. Entity Name

HANDS ON THERAPEUTIC MASSAGE, INC.

FILED

00 APR 27 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7296 PINEHURST DRIVE  
SPRING HILL FL 34606

7296 PINEHURST DRIVE  
SPRING HILL FL 34606-6151

2. Principal Place of Business

1254 Broad Street South

Suite, Apt. #, etc.

3. Mailing Address

1254 Broad Street South

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

Country

USA

City & State

Brooksville, FL

Zip

Country

USA

4. FEI Number

59-3584840

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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)

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, 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

TITLE PSTD ☐ Delete

NAME THOMAS, TONI E  
STREET ADDRESS 7296 PINEHURST DRIVE  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE VD ☐ Delete

NAME THOMAS, AUBREY L  
STREET ADDRESS 7296 PINEHURST DRIVE  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

100003237131-1

-05/03/00-01076-018

\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ 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 like empowered.

SIGNATURE:

*Toni E. Thomas President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(352)544-1230

Daytime Phone #

CR2E034 (9/99)