

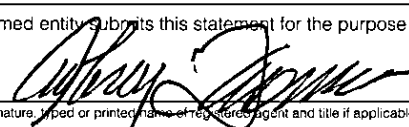
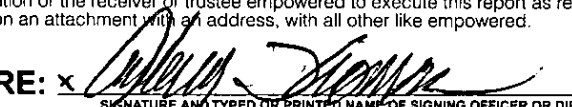
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90930 049 ***150.00

C0058543

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000059873			
1. Entity Name HANDS ON THERAPEUTIC MASSAGE, INC. ✓			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 1254 BROAD ST. S.		3. Mailing Address 1254 BROAD ST. S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BROOKSVILLE, FL		City & State BROOKSVILLE, FL	
Zip 34601	Country USA	Zip 34601	Country USA
6. Name and Address of Current Registered Agent AUBREY THOMAS		7. Name and Address of New Registered Agent Name AUBREY THOMAS Street Address (P.O. Box Number is Not Acceptable) 1254 BROAD ST. S. City BROOKSVILLE FL Zip Code 34601	
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 x  AUBREY THOMAS DATE 4/24/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: x  AUBREY THOMAS - PRES.		Date 4/24/01 Daytime Phone # 352-544-1230	

CR2E034 (11/00)