

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90124 010 ***150.00

DOCUMENT # P99000059873

1. Entity Name

HANDS ON THERAPEUTIC MASSAGE, INC.

Principal Place of Business

**1254 BROAD STREET SOUTH
 BROOKSVILLE FL 34601
 US**

Mailing Address

**1254 BROAD STREET SOUTH
 BROOKSVILLE FL 34601
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

**AUBREY, THOMAS
 1254 BROAD STREET SOUTH
 BROOKSVILLE FL 34601**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **PVST** ☐ Delete
 NAME **THOMAS, AUBREY L**
 STREET ADDRESS **1254 BROAD STREET SOUTH**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **AUBREY, THOMAS**
 STREET ADDRESS **1254 BROAD STREET SOUTH**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: [Signature] REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Aubrey Thomas** **7/11/02**
 Date **352-544-1230**
 Daytime Phone #

CR2E034 (4/02)

Attachment
#P99000059873
121892

July 11, 2002

Department of State
Division of Corporations
Uniform Business Report Filings
POB 1500
Tallahassee, FL 32302-1500

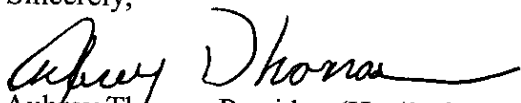
To Whom It May Concern:

I mailed the initial UBR report on April 1, 2002. The check still has not cleared the bank. Since I am mailing a new check, I will put a stop payment on my first check. Apparently, the form and payment has been lost in the mail.

Please accept this payment and form as payment in full, being that the original was mailed timely. I just thought it took a while to process the form and payment. I didn't realize you had not received until I got second notice. I always pay anything I receive in the mail on a timely basis. I'll make a note next year to mail as soon as I receive the form in the mail. That way if it hasn't cleared before the due date, I can call and resend before May 1st.

Thank you for your assistance in this matter.

Sincerely,



Aubrey Thomas-President(Hands On Therapeutic Massage, Inc.)