

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90252 008 ***150.00

0436755

DOCUMENT # P99000063980

1. Entity Name

MEDISSAGE, INC.

Principal Place of Business

5102 SUNSET BLVD
FT PIERCE FL 34982

Mailing Address

5102 SUNSET BLVD
FT PIERCE FL 34982

2. Principal Place of Business

774 W. Midway Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Zip

34982

Country

U.S.A.

Zip

Country

4. FEI Number

65-0935064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENSEN, SUZANNE L
5102 SUNSET BLVD
FT PIERCE FL 34982

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, 2001 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 PSD
NAME JENSEN, SUZANNE L
STREET ADDRESS 5102 SUNSET BLVD
CITY-ST-ZIP FT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Suzanne L. Jensen

4/10/01

Date

(561) 466-5665

Daytime Phone #

CR2E034 (10/00)