

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-03-2001 90086 008 ***150.00

DOCUMENT # P99000094342

1. Entity Name

A A A ACUPRESSURE THERAPUTIC MASSAGE, INC.

Principal Place of Business

ACUPRESSURE THERAPUTIC MASSAGE
5600 N TAMiami TRAIL 19
NAPLES FL 34108

Mailing Address

ACUPRESSURE THERAPUTIC MASSAGE
5600 N TAMiami TRAIL 19
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Acupressure Therapeutic Massage
Suite, Apt. #, etc.
5600 Tamiami Trail N #19

City & State

Naples FL

City & State

Naples FL

Zip

34108

Country

Collier

Zip

Country

4. FEI Number 28-6706779

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

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 use 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
BLACK, JASON
STREET ADDRESS 5600 N TAMiami TRAIL #19
CITY-ST-ZIP NAPLES FL 34108

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

TITLE ☐ Delete
NAME D
TRIPP-BLACK, ELIZABETH
STREET ADDRESS 5600 N TAMiami TRAIL #19
CITY-ST-ZIP NAPLES FL 34108

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Elizabeth T. Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)