

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46904

1. Entity Name

PORT CHARLOTTE SCHOOL OF MASSAGE THERAPY INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90101 019 ***158.75

Principal Place of Business

1057 COLLINGSWOOD BLVD.
SUITE A
PT CHARLOTTE FL 33953

Mailing Address

1057 COLLINGSWOOD BLVD.
SUITE A
PT CHARLOTTE FL 33953-3124

2. Principal Place of Business

1057 Collingswood BLVD

3. Mailing Address

1057 Collingswood BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Port Charlotte FL

Port Charlotte FL

Zip

33953

Country

USA

Zip

33953

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0304749

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE TURK, MARJORIE
628 BARCELONA AVE.
VENICE FL 24285

7. Name and Address of New Registered Agent

Name

JACQUELINE M. DE TURK

Street Address (P.O. Box Number is Not Acceptable)

628 BARCELONA AVE

City

VENICE

FL

Zip Code

34285

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.

JACQUELINE M. DE TURK PS / CEO / DIRECTOR

SIGNATURE

MARJORIE DE TURK (SAME AS #6) Jacqueline M. De Turk PS April 12, 2000

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 PVST
NAME DETURK, JACQUELINE M
STREET ADDRESS 628 BARCELONA AVENUE
CITY-ST-ZIP VENICE FL 34285

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME SHAWN DWYER
STREET ADDRESS 628 BARCELONA AVE
CITY-ST-ZIP VENICE FL 34285

☐ Change

☒ Addition

TITLE S
NAME ALEXIS EDWARDS
STREET ADDRESS 13491 NE 20th AVE
CITY-ST-ZIP TRENTON, FL 32693

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Jacqueline M. De Turk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2000 941-255-1966
Date Daytime Phone #

CR2E034 (9/99)