FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90821 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46904

1. Entity Name
PORT CHARLOTTE SCHOOL OF MASSAGE THERAPY INC.

Principal Place of Business	Mailing Address
~~1057 COLLINGSWOOD BLVD.~~ 730 TAMIAMI TRAIL SUITE A PT CHARLOTTE, FL 33953	~~1057 COLLINGSWOOD BLVD.~~ 730 TAMIAMI TR. SUITE A PT CHARLOTTE, FL 33953

2. Principal Place of Business	3. Mailing Address
730 TAMIAMI TRAIL ~~SUITE A~~	730 TAMIAMI Trail ~~Suite A~~
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: SUITE A
City & State: Port Charlotte	City & State: Port Charlotte
Zip: 33953 Country: USA	Zip: 33953 Country: USA

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
DE TURK, JACQUELINE M 628 BARCELONA AVE. VENICE, FL 24285	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST DETURK, JACQUELINE M 628 BARCELONA AVENUE VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DWYER, SHAWN 628 BARCELONA AVENUE VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EDWARDS, ALEXIS 13491 NE 20TH AVE TRENTON, FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE M. DeTurk CEO Jacqueline M DeTurk April 24, 2003 941 255 1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #