2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V65171** 1. Entity Name MASSAGE MASTERS INC. Prin (AMI 2.

FILED Jan 25, 2000 8:00 am Secretary of State

01-25-2000 90064 050 ***150.00

Principal Place of Business Mailing Address									
:CCC C W. KENNEDY IAMPA FL 33609		P. O. BOX 25672 TAMPA FL 33622-5672 US		Annnäa2T					
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. F	59-314032	1	_ 	oplied For at Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired		3.75 Add e Required		
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New F				
				Name					
	kins, alan 7 citrus pointe dr	Stree		treet Address (P.O. Box Number is Not Acceptable)					
	PA FL 33625								
			City			FL	Zip Code	э	
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office	or registered ag	ent, or both, in the State of Flo	orida.			
THE WAY						er sold m			
TOTO NATURE	Signature typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent sig	nature required when re	oinstativo) (1814) [1814]	DATE	indian printer.		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) (See Criteria on back)		FILE NOW!!! FEE IS \$150.0 After MAY 1, 2000 Fee will be \$5 Make Check Payable to Department		\$550.00	10. Election Campaign Fir Trust Fund Contributio			May Be I to Fees	
11.	OFFICERS AND		12.		DITIONS/CHANGES TO OFF	ICERS AND D	RECTORS	3 IN 11	
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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: