

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90047 022 ***150.00

DOCUMENT # P98000014739

1. Entity Name
FUNCTIONAL INTEGRATIVE THERAPEUTICS & TECHNOLOGY



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 3127 ANSLEY PARK DRIVE 3127 ANSLEY PARK DRIVE
 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-8211
 05

2. Principal Place of Business 3. Mailing Address
160 E. BUTHE DALE AVE. 38 MILLER AVE #147
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MILL VALLEY, CA. MILL VALLEY, CA.
 City & State City & State
94941 USA 94941 USA
 Zip Country Zip Country

4. FEI Number **85-0375723** 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
MATTESON, JAY Name
3127 ANSLEY PARK DRIVE Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32308 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTESON, JAY 3127 ANSLEY PARK DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jay Matteson* Date: April 22, 2000 Daytime Phone #: 415.383.8232
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)