

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90472 007 ***150.00

DOCUMENT # PO1000053163
1. Entity Name A Bridge To Wellness, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>700 E. LINCOLN AVENUE</u> Suite, Apt. #, etc. <u>SUITE #1</u> City & State <u>MELBOURNE, FLORIDA</u> Zip <u>32901-4647</u> Country <u>USA</u>		3. Mailing Address <u>4037 BAYBERRY DRIVE</u> Suite, Apt. #, etc. City & State <u>MELBOURNE, FLORIDA</u> Zip <u>32901-8457</u> Country <u>USA</u>	
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DO NOT WRITE IN THIS SPACE

A. FEI Number <u>59-3721684</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALISON ENTERPRISES
Street Address (P.O. Box Number is Not Acceptable)
390 NARRAGANSETT STREET NE.
City
PALM BAY FL Zip Code
32907

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] RONALD GALLAGHER 5/8/02
Signatures, 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>PRESIDENT</u>	NAME <u>Gary Vigeant</u>	TITLE	
STREET ADDRESS <u>4037 Bayberry Drive</u>	CITY-ST-ZIP <u>Melbourne, FL 32901-8457</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>SECRETARY</u>	NAME <u>Linda Ocasio</u>	TITLE	
STREET ADDRESS <u>4037 Bayberry Drive</u>	CITY-ST-ZIP <u>Melbourne, FL 32901</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] GARY H. VIGANT 4-9-02 321-768-8321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)