

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90042 041 ***158.75

DOCUMENT # P96000073258

1. Entity Name
ACUPUNCTURE & NATURAL HEALING CENTER OF PORT ST.

Principal Place of Business 8505 SOUTH US #1 SUITE 8 PORT SAINT LUCIE FL 34952 US	Mailing Address 8505 SOUTH US #1 SUITE 8 PORT SAINT LUCIE FL 34952 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0692927	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
 Name **BARBARA THURMAN, A.P.**
 Street Address (P.O. Box Number is Not Acceptable)
8505 SOUTH US #1
Suite 8
 City **Port St. Lucie** **FL** Zip Code **34952**

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]* **BARBARA THURMAN** **01-06-2000**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MULLEN, RONALD 8505 SOUTH US #1, SUITE 8 PORT SAINT LUCIE FL 34952 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD THURMAN, BARBARA 8505 SOUTH US #1, SUITE 8 PORT SAINT LUCIE FL 34952 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: *[Signature]* **BARBARA THURMAN** **01-06-2000** **(561) 343-9640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)