


FILED
May 05, 2003 8:00 am
Secretary of State

04-18-2003 90135 036 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000033543

1. Entity Name
KASHUBA THERAPY, INC.



Principal Place of Business
**C/O JUPITER LAW CENTER, CHASEWOOD PLAZA
 6390 INDIANTOWN RD., SUITE 30
 JUPITER FL 33458**

Mailing Address
**C/O JUPITER LAW CENTER, CHASEWOOD PLAZA
 6390 INDIANTOWN RD., SUITE 30
 JUPITER FL 33458**



2. Principal Place of Business
8895 N. Military Tr

3. Mailing Address
8895 N. Military Tr

Suite, Apt. #, etc.
SUITE 101E

Suite, Apt. #, etc.
SUITE 101E

CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens FL

City & State
Palm Beach Gardens FL

Zip
33410

Country
Palm Beach

Zip
33410

Country
Palm Beach

4. FEI Number
65-0826556

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLIMSON, RICHARD P ESQ.
 C/O JUPITER LAW CENTER, CHASEWOOD PLAZA
 6390 INDIANTOWN RD., SUITE 30
 JUPITER FL 33458**

7. Name and Address of New Registered Agent

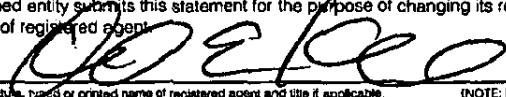
Name
DAVID KASHUBA

Street Address (P.O. Box Number is Not Acceptable)
708 NIGHTHAWK WAY

City
NORTH PALM BEACH FL

Zip Code
33408

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 **4.14.03**

Signature based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

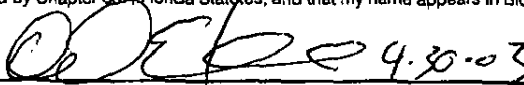
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASHUBA, DAVID I 708 NIGHTHAWK WAY NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4.30.03**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)