2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735946

1. Entity Name

NEW THOUGHT SCIENCE OF MIND CENTER, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90088 033 ****61.25

Principal Place of Business	Mailing Address
PO BOX 1231 VENICE FL 34284 US	PO BOX 1231 VENICE FL 34284-1231 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1677404 ☐ 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
REHTH, ANN 829 MADRID AVE VENICE FL 34285	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LE, PERE E 6809 N DIXON AVE TAMPA FL 33604	☒ Delete	P Tom CERVENKA 1631 LARCHWOOD DRIVE VENICE FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ST, LAURENT C 18091 SAIL FISH DR LUTZ FL 33549	☒ Delete	S ANN REHTH 829 MADRID AVENUE VENICE FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REHTH, ANN 829 MADRID AVE VENICE FL 34285	☐ Delete	TD Evelyn Elam 224 TRAILORAMA NORTH PORT FL 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LE PERE, E 6809 N DIXON AVE TAMPA FL 33604	☒ Delete	SD ANN REHTH 829 MADRID AVENUE VENICE FL 34285	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELAM, EVELYN 224 TRAILORAMA NORTH PORT FL	☐ Delete	PD Tom CERVENKA 1631 LARCHWOOD DR VENICE FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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 617, 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: SIGNATURE (ANN REHTH) 4.20.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #