

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90295 016 ****61.25

DOCUMENT # 741053

1. Entity Name
LIFE BALANCING CENTER, INC.



Principal Place of Business

**1950 SANDRA DRIVE
CLEARWATER FL 33764
US**

Mailing Address

**1950 SANDRA DRIVE
CLEARWATER FL 33764
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1858927**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REUTER, PETER
1950 SANDRA DRIVE
CLEARWATER FL 33764-4772**

33764-4772

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, STEVEN P.DC DR	
STREET ADDRESS	12551 INDIAN ROCKS RD. SUITE 2	
CITY-ST-ZIP	LARGO FL 33744	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REUTER, PETER	
STREET ADDRESS	1950 SANDRA DR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CZERNECKI, ROSALIE	
STREET ADDRESS	2291 ATKANTIS BLVD #5	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ECKELMAN, SUSAN D.	
STREET ADDRESS	1319 RAULERSON RD.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	WUNDERLICH RAY C., JR.MD	
STREET ADDRESS	1152-94TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELEHER, VIRGINIA	
STREET ADDRESS	6700 150TH AVE. N., #806	
CITY-ST-ZIP	CLEARWATER FL 34624	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5415 PARK ST. N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33709
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2291 ATLANTIS BLVD, #5
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8821-9TH ST. N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST D
STREET ADDRESS	
CITY-ST-ZIP	

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 employees.

SIGNATURE:

SIGNATURE REQUIRED

(627)447-6305

CR2E037 (10/02)