

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000000675

1. Entity Name

NATIONAL BOARD OF EXAMINERS IN INTEGRATED/ALTERNATIVE MEDICINE AND NATURAL HEALTH SCIENCE, INC.

Principal Place of Business

Mailing Address

PMB 201 - 1133 BAL HARBOR BLVD
STE 1139
PUNTA GORDA FL 33950

PMB 201 - 1133 BAL HARBOR BLVD
STE 1139
PUNTA GORDA FL 33950

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

74-2987904

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

THOMPSON, HOWARD O
PMB 201-1133 BAL HARBOR BLVD
STE 1139
PUNTA GORDA FL 33950

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 | PCTD THOMPSON, HOWARD O 512 BELVEDERE CT PUNTA GORDA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CAMPOCHIARO, JOSEPH N 9807 ENSIGN CT. FORT MYERS FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MILES, JAMES E 1911 NORTH AUSTIN AVE., STE 300 GEORGETOWN TX | <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 |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD IOAKIM, DEBBIE 6282 PINETERACE CIRCLE MILTON FL 32570 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 I am empowered.

DR. HOWARD O. THOMPSON PCTD

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-02

941 575-1220

Date

Daytime Phone #

CR2E037 (9/01)