

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004149

1. Entity Name
CONVENTIONAL WIZDOM OF WESTCHESTER, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90096 003 ***150.00

Principal Place of Business
9220 BONITA BEACH ROAD, STE 116
BONITA SPRINGS FL 34135

Mailing Address
9220 BONITA BEACH ROAD, STE 116
BONITA SPRINGS FL 34135

2. Principal Place of Business
SAME
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3823601**

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

PALMER, JODY
9220 BONITA BEACH RD, STE 116
BONITA SPRINGS FL 34135

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PALMER, JODY | |
| STREET ADDRESS | 9220 BONITA BEACH ROAD, STE 116 | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Jody Palmer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 94-948-5353
Date Daytime Phone #

CR2E034 (10/00)