

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G35128

1. Entity Name

NATIONAL HEALTH AGENCY, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90169 028 ***150.00

Principal Place of Business

Mailing Address

5144 CENTRAL AVE
ST. PETERSBURG FL 33707
US

P. O. BOX 41000
ST. PETERSBURG FL 33743-1000

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

59-2308853

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

MALONEY, JOHN L
3663 CENTRAL AVE
SUITE 4
ST PETERESBURG FL 33713

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

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, 2000 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 VPD ☐ Delete
NAME FRANKLIN, MATTHEW T
STREET ADDRESS 1274 N. CRESCENT HEIGHTS, #109
CITY-ST-ZIP WEST HOLLYWOOD CA 90046

TITLE ASD ☐ Delete
NAME FRANKLIN, JANA
STREET ADDRESS 18201 GULF BLVD., UNIT 406
CITY-ST-ZIP REDINGTON SHORES FL

TITLE CPTS ☐ Delete
NAME FRANKLIN, LARRY A
STREET ADDRESS 18201 GULF BLVD. UNIT 406
CITY-ST-ZIP REDINGTON SHORES FL 33708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5556 Gregory Way #1
CITY-ST-ZIP Los Angeles, CA 90035

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CPTS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2000 727 321-3662
Date Daytime Phone #

CR2E034 (9/99)