

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G35128

1. Entity Name

NATIONAL HEALTH AGENCY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90059 033 ***150.00

Principal Place of Business

5144 CENTRAL AVE
ST. PETERSBURG FL 33707
US

Mailing Address

P. O. BOX 41000
ST. PETERSBURG FL 33743

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

~~3862 3603~~ CENTRAL AVE

SUITE 4

ST PETERESBURG FL ~~33743~~ 33711

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

John L Maloney

4/19/01

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, 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 VPD
NAME FRANKLIN, MATTHEW T
STREET ADDRESS 8556 GREGORY WAY #1
CITY-ST-ZIP 1713 ADAMS ST
LOS ANGELES CA 90035 ST HELENA, CA 94574

☐ Delete

☐ Change

☐ Addition

TITLE ASD
NAME FRANKLIN, JANA
STREET ADDRESS 18201 GULF BLVD., UNIT 406
CITY-ST-ZIP REDINGTON SHORES FL 33708

☐ Delete

☐ Change

☐ Addition

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

☐ Delete

☐ Change

☐ Addition

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

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

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:

Larry A Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

(727) 321-3662

Daytime Phone #

CR2E034 (10/00)