

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90500 001 ***158.75

DOCUMENT # G46459

1. Entity Name
TAMPA STRESS CENTER, INC.

Principal Place of Business

4137 WEST WATERS AVENUE
TAMPA FL 33614
US

Mailing Address

POST OFFICE BOX 273107
TAMPA FL 33688
US

D0026950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3425 LACEWOOD RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number

59-2330302

Applied For

Not Applicable

Zip

Country

33618-3601 USA

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

WESTWOOD, KIMBERLY L.
4137 WEST WATERS AVENUE
TAMPA FL 33614

Name
WESTWOOD, KIMBERLY L.

(SAME)

Street Address (P.O. Box Number is Not Acceptable)

3425 LACEWOOD RD

(NEW ADDR.)

City

TAMPA

FL

Zip Code

33618

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

Kimberly L. Westwood - Bushong (KIMBERLY WESTWOOD) 05-MARCH-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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BUSHONG, CARL W
4137 WEST WATERS AVENUE
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3425 LACEWOOD RD
TAMPA, FL 33618-3601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
WESTWOOD, KIMBERLY L.
4137 WEST WATERS AVENUE
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3425 LACEWOOD RD
TAMPA, FL 33618-3601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Kimberly L. Westwood - Bushong (KIMBERLY L. WESTWOOD) 05-MARCH-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 884-7835

CR2E034 (10/00)