

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**  
 02-06-2002 90018 001 \*\*\*158.75

**DOCUMENT # G46459**

1. Entity Name

**TAMPA STRESS CENTER, INC.**

Principal Place of Business

**3425 LACEWOOD RD  
 TAMPA FL 33618-3601  
 US**

Mailing Address

**POST OFFICE BOX 273107  
 TAMPA FL 33688  
 US**

**00017850**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2330302**

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

**WESTWOOD, KIMBERLY L  
 3425 LACEWOOD RD  
 TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name **BUSHONG, KIMBERLY L**

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

**3425 LACEWOOD RD**

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 Bushong (Kimberly L Bushong)* **22-JAN-02**  
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, 2002 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

TITLE **DP** ☐ Delete  
 NAME **BUSHONG, CARL W**  
 STREET ADDRESS **3425 LACEWOOD RD**  
 CITY-ST-ZIP **TAMPA FL 33618-3601**

TITLE **DVS** ☐ Delete  
 NAME **WESTWOOD, KIMBERLY L**  
 STREET ADDRESS **3425 LACEWOOD RD**  
 CITY-ST-ZIP **TAMPA FL 33618-3601**

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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **BUSHONG, KIMBERLY L** ☒ Change ☐ Addition  
 NAME **(LEGAL CHANGE OF NAME VIA MARRIAGE)**  
 STREET ADDRESS **ADDRESS INFORMATION UNCHANGED**  
 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

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:

*Kimberly L Bushong (Kimberly L Bushong)* **22-JAN-02 884 7325** (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)