

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90244 039 ***150.00

DOCUMENT # G70657

1. Entity Name
A CONSUMER'S HEALTH AGENCY OF FLORIDA, INC.



Principal Place of Business
**1280 N CONGRESS AVE
SUITE 212 107
WEST PALM BEACH FL 33409
US**

Mailing Address
**1280 N CONGRESS AVE
SUITE 212 107
WEST PALM BEACH FL 33409
US**



2. Principal Place of Business
**1280 N. CONGRESS AVE.
Suite, Apt. #, etc.
107**

3. Mailing Address
**1280 N. CONGRESS AVE.
Suite, Apt. #, etc.
#107**

☒ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH, FL
Zip
33409
Country
US

City & State
WEST PALM BEACH, FL
Zip
33409
Country
US

4. FEI Number
59-2341144

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCALA SCALA, FRNK ORIENDO
894 PATRICK DRIVE.
WEST PALM BEACH FL**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCALA, FRANK ORIENDO JR 894 PATRICK DR WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

2-13-03

Date

361-688-9042

Daytime Phone #

CR2E034 (10/02)