

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90006 002 \*\*\*150.00

**DOCUMENT # K36382**

1. Entity Name

**ACCESS HEALTH ALTERNATIVES, INC.**

Principal Place of Business

Mailing Address

2016 S. ORANGE AVENUE  
 ORLANDO FL 32806

2016 S. ORANGE AVENUE  
 ORLANDO FL 32806-3036

2. Principal Place of Business

4619 PARKBREEZE COURT  
 Suite, Apt. #, etc.

3. Mailing Address

4619 PARKBREEZE COURT  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3542362

Applied For

Not Applicable

Zip

32808

Country

USA

Zip

32808

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PAULIK, DANIEL J  
 2016 S. ORANGE AVE.  
 ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name PAULIK, DANIEL J.

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

TITLE	CP	<input type="checkbox"/> Delete
NAME	PAULIK, DANIEL J	
STREET ADDRESS	2016 ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	METCHICK, DONALD D	
STREET ADDRESS	2016 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULIK, DANIEL J.	
STREET ADDRESS	4619 PARKBREEZE COURT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard EKSTROM	
STREET ADDRESS	1051 BRINTON RD	
CITY-ST-ZIP	PITTSBURGH PA 15221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

407 299 0629

Daytime Phone #

CR2E034 (9/99)