

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007912 AF

DOCUMENT # L00000010671

1. Entity Name  
WELLNESS FOR FEET, LLC

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1500 UNIVERSITY DR., Ste 245  
CORAL SPRINGS FL 33071

Mailing Address  
1500 UNIVERSITY DR., Ste 245  
CORAL SPRINGS FL 33071

2. Principal Place of Business  
1500 University Dr.  
Suite, Apt. #, etc.  
Ste. 245

3. Mailing Address  
1500 University Dr.  
Suite, Apt. #, etc.  
Ste. 245

City & State  
Coral Springs

Zip  
33071

Country  
USA

City & State  
Coral Springs

Zip  
33071

Country  
USA

4. FEI Number  
65-1035015

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

JUMPINGJAXTAX.COM, INC.  
1940 HARRISON ST., #200-B  
HOLLYWOOD FL 33020-5072

## 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.

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

800004035128--2  
-04/20/01--01054--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARGARET L. FARMER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/2001 800-203-2347  
Date Daytime Phone #

CR2E083 (11/00)