

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000004229**

1. Entity Name

THE T.O.T.A.L. APPROACH, INC.

Principal Place of Business

1860 NE 142ND ST, STE 3D

MIAMI
33181

FL

Mailing Address

P.O. BOX 611133

N MIAMI
33261

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1025493

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentNASH CAROL
1860 NE 142ND ST, STE 3DMIAMI
33181

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.

SIGNATURE _____ **05/03/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	RUSSELL GARY JR.		
STREET ADDRESS		STREET ADDRESS	270 NW 73RD TERR.		
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33132		
TITLE	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	WILLIAMS ISABEL Q		
STREET ADDRESS		STREET ADDRESS	3840 NW 197TH ST.		
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33055		
TITLE	<input type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	MCDONALD EUGENE W		
STREET ADDRESS		STREET ADDRESS	1140 SW 103RD AVE.		
CITY-ST-ZIP		CITY-ST-ZIP	PEMBROKE PINES FL 33025		
TITLE	<input type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	NASH CAROL		
STREET ADDRESS		STREET ADDRESS	1860 NE 142ND ST. #3D		
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33181		
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

Carol Nash

P/D

05/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)