

2001 · UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007434

1. Entity Name

BREAKING AWAY THE CYCLE OF PAIN, INC.

Principal Place of Business

1107 MIDDLEBURG AVE.
GREEN COVE SPRINGS FL 32043

Mailing Address

P.O. BOX 343
PENNEY FARMS FL 32079

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SANDERS, JOHN
4415 HAYMON LANE
PENNY FARMS FL 32079

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD
NAME SANDERS, JOHN
STREET ADDRESS P.O. BOX 343
CITY-ST-ZIP PENNEY FARMS FL 32079 ☐ Delete

TITLE VD
NAME REESE, JOHN
STREET ADDRESS 1111 FORBES ST.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE TD
NAME WILLIAMS, DELPHINE
STREET ADDRESS P.O. BOX 44
CITY-ST-ZIP PENNEY FARMS FL 32079 ☐ Delete

TITLE SD
NAME REESE, CYNTHIA
STREET ADDRESS 8650 RANCHWOOD LANE
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

John Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 5-001 904-529-9919
Date Daytime Phone #

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90338 015 ****61.25

916636



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3621474

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

CR2E037 (10/00)