


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90811 043 ***150.00

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DOCUMENT # P00000010548	
1. Entity Name THE CENTER FOR HOLISTIC RATIONAL LIVING, INCORPORATED	

Principal Place of Business 406 RENTZ AVENUE PENSACOLA FL 32507	Mailing Address 406 RENTZ AVENUE PENSACOLA FL 32507
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2. Principal Place of Business 6150 W. FAIRFIELD DR.,	3. Mailing Address 6150 W. FAIRFIELD DR.,
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PENSACOLA, FLORIDA	City & State PENSACOLA, FLORIDA
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Zip 32506-3446	Country USA	Zip 32506-3446	Country USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3623620	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAVITT, WILLIAM F 406 RENTZ AVENUE PENSACOLA FL 32507	
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7. Name and Address of New Registered Agent Name CAVITT, WILLIAM F. Street Address (P.O. Box Number is Not Acceptable) 6150 W. FAIRFIELD DR., City PENSACOLA, FL 32506	
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVITT, WILLIAM F 406 RENTZ AVENUE PENSACOLA FL 32507 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CAVITT, PATRICIA A 406 RENTZ AVENUE PENSACOLA FL 32507 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVITT, WILLIAM F. 6150 W. FAIRFIELD DR., PENSACOLA, FL. 32506-3446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CAVITT, PATRICIA A. 6150 W. FAIRFIELD DR., PENSACOLA, FL. 32506-3446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Accountant/Director RUIZ, Justo T. 6510 Antietam Dr., Pens., FL 32503 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Justo T. RUIZ, Director	Date 04/30/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (10/02)