

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90007 047 ***150.00

0075403

DOCUMENT # P00000026974

1. Entity Name

MAGNETIC HEALTH THERAPY INC.

Principal Place of Business

**3224 AMACA CR.
 ORLANDO FL 32837**

Mailing Address

**3224 AMACA CR.
 ORLANDO FL 32837**

C0070953

2. Principal Place of Business

14793 LONE EAGLE DR

3. Mailing Address

14793 LONE EAGLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3630363

Applied For

Not Applicable

Zip

32837

Country

Zip

32837

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LICARI, CHERYL
 3224 AMACA CR.
 ORLANDO FL 32837**

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

Cheryl Licari

(Signature, typed name, and title of registered agent and title if applicable.)

(NOT Registered Agent signature required when reinstating)

DATE

4-30-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **LICARI, CHERYL**
 STREET ADDRESS **3224 AMACA CR.**
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **SVD** ☐ Delete
 NAME **LICARI, KENNETH J**
 STREET ADDRESS **3224 AMACA CR.**
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered

SIGNATURE:

Cheryl Licari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 407-859-6016

Date

Daytime Phone #

CR2E034 (10/00)