

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039686

1. Entity Name
ACUPUNCTURE PAIN RELIEF CENTER, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90347 021 ***150.00

Principal Place of Business Mailing Address
~~3522 BUFFAM PLACE~~ (moved) ~~3522 BUFFAM PLACE~~
~~CASSELBERRY FL 32707~~ ~~CASSELBERRY FL 32707~~
156 River Oaks Circle

814980



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
156 River Oaks Circle 156 River Oaks Circle
Suite, Apt. #, etc. Suite, Apt. #, etc.
Sanford, FL 32771 Sanford, FL
City & State 32771 City & State
32771 USA 32771 USA
Zip Country Zip Country
USA USA

4. FEI Number Applied For
59-3636399 Not Applicable
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
ROFFMAN, SUSAN S 156 River Oaks Circle
3522 BUFFAM PLACE Sanford FL 32771
Casselberry FL 32707
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 Susan S. Roffman Susan S. Roffman 2/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROFFMAN, SUSAN S		NAME		
STREET ADDRESS	3522 BUFFAM PLACE		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		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		
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		
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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		

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: Susan S. Roffman Susan S. Roffman 2/15/01 407-321-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)