## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P00000041116 1. Entity Name CORTEZ WELLNESS CENTER, INC. Principal Place of Business Mailing Address 4012 CORTEZ ROAD WEST, SUITE 2106 4012 CORTEZ ROAD WEST. SUITE 2106 **BRADENTON FL 34210 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-1001610 Zip Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name MARILYN, LAVIGNE E Street Address (P.O. Box Number is Not Acceptable) 4012 CORTEZ RD. WEST **SUITE 2106 BRADENTON FL 34210** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State

OFFICERS AND DIRECTORS

LA VIGNE, MARILYN D.C.

**BRADENTON FL 34210** 

4012 CORTEZ ROAD WEST, SUITE 2106

11.

TITLE

TITLE

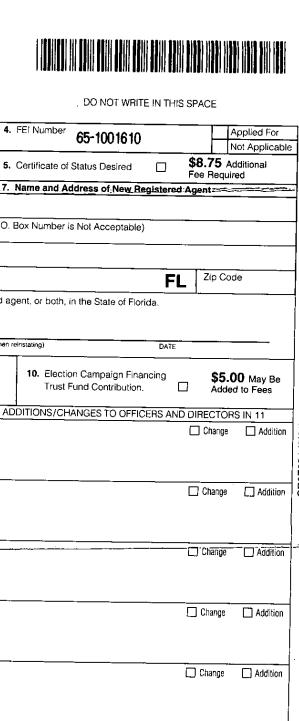
NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 01, 2002 8:00 am Secretary of State

05-01-2002 91461 013 \*\*\*150.00



NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE: NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

12.

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

changed, or on an attachment with an address, with all other like empowered.