

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90391 018 ***150.00

DOCUMENT # P00000081122

1. Entity Name
ORGANIC THERAPY INC.

Principal Place of Business
**301 MONKS CT
 LAKE MARY FL 32746**

Mailing Address
**301 MONKS CT
 LAKE MARY FL 32746**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
736 Heather Glen Circle
 Suite, Apt. #, etc.
n/a

3. Mailing Address
736 Heather Glen Circle
 Suite, Apt. #, etc.
n/a

City & State
LAKE Mary, FL. 3
 Zip
32746 Country
USA

City & State
LAKE Mary, FL
 Zip
32746 Country
USA

4. FEI Number
59-3667567 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLBORN, REBECCA E
 301 MONKS CT
 LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name
HOLBORN, Rebecca E.
 Street Address (P.O. Box Number is Not Acceptable)
736 Heather Glen Circle
 City
LAKE MARY FL Zip Code
32746

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 **Rebecca E. Holborn**
 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P	HOLBORN, REBECCA E	301 MONKS CT LAKE MARY FL 32746	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	HOLBORN, Rebecca E.	736 Heather Glen Circle LAKE Mary, FL 32746	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Rebecca E. Holborn** **Rebecca E. Holborn** **4/20/01** **(407)324-5661**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)