

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 17, 2001 8:00 am
Secretary of State

04-27-2001 90253 017 ***150.00

DOCUMENT # P00000095065

1. Entity Name

TREATMENT BY NORMAN, INC.

Principal Place of Business

Mailing Address

3845 SERVICE COURT
 LAKE WORTH FL 33467

3845 SERVICE COURT
 LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

3845 SERVICE CT
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

L.W. FL 33

City & State

Zip 33467

Country

Zip

Country

4. FEI Number 65-1044538

Applied For

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

~~YEEND, JOHN M
 1109 SOUTH CONGRESS AVE.
 W. PALM BEACH FL 33406~~

KERNEL WAGS HOL RTH
 6415 LAKE WORTH RD.
 SUITE 302
 L.W. FL 33463

Name

Norman Johnson
 Street Address (P.O. Box Number is Not Acceptable)

3845 SERVICE CT.

City L.W.

FL

Zip Code 33467

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 *Norman Johnson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, NORMAN	
STREET ADDRESS	3845 SERVICE COURT	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Norman Johnson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 561-357-8451
 Date Daytime Phone #

CR2E034 (10/00)