

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90247 032 ***150.00

DOCUMENT # P01000006483



1. Entity Name
THE WELLNESS INSTITUTE OF ORLANDO, INC.

Principal Place of Business
851 W S R 436
SUITE 1089
ALTAMONTE SPRINGS FL 32714

Mailing Address
851 W S R 436
SUITE 1089
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business
851 W. S. R. 436
Suite, Apt. #, etc.
1089
City & State
Altamonte Springs, FL

3. Mailing Address
851 W. S. R. 436
Suite, Apt. #, etc.
1089
City & State
Altamonte Springs, FL

Zip
32714
Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3693911
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name
Linda Freeman
Street Address (P.O. Box Number is Not Acceptable)
851 W. S. R. 436, #1089
Altamonte Springs, FL
City
FL Zip Code
32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 2.10.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, LINDA 580 CAPE COD LANE #1 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRERO, FREDDY 580 CAPE COD LANE #1 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
Date 2.10.03 Daytime Phone # 4078206060

CR2E034 (10/02)