2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

P01000006483

1. Entity Name

THE WELLNESS INSTITUTE OF ORLANDO, INC.



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

02-13-2003 90247 032 ***150.00

4077 & e o lede

Daytime Phone #

| | | | | _[| | | |
|--|--|---|--|--|---|-------------------------------|--|
| rincipal Place o | of Business | Mailing Address | | | | | |
| 351 W S R 436 | | 851 W S R 436 | | | | | |
| SUITE 1089 | SUITE 1089 | | | THE REPORT OF RELEVENING STATES | 800 8000 60 00 6 000 8008 1818 | 6 MH 1 8 H | |
| ILTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32 | | £ 32/14 | | | | | |
| Principal Plac | ce of Business | 3. Mailing Address | | | 2111 32111 22112 21111 4122 1212 | • 1111 122. | |
| Principal Place of Business 3. Mailing Address 851 w. 5.R. 430 | | | 1.12 43 le | ET OUTOV USDE IS | MAKING CHANGES | | |
| Suite, Apt. #, | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF | | 15 | |
| City & State | | | 1 | 4. FEI Number 59-3693911 | 1 | ed For applicable | |
| 11t amonte Springs, Fl. Willar | | | a mont e por | \$9.75 Additional | | | |
| Zip | Country | 3 201A | Country | 5. Certificate of Status Desired | Fee Required | | |
| <u>327</u> | 6. Name and Address of Current | | | 7. Name and Address of New Reg | jistered Agent | | |
| | 6. Name and Address of Carrotte | | Name | a Free m | <u> </u> | | |
| CORPORAT | TION SERVICE COMPANY | | Street Address | (P.O. Box Number is Not Acceptable) | 6 + 108 | a l | |
| 1201 HAYS STREET | | | 851 | 851 W. 5. D 436, # 1089 | | | |
| | SEE FL 32301-2525 | | 0160 | altamonte springs fl | | | |
| | , | | City | • | FL Zib Code | 2714 | |
| | | Il of changing | its registered office or regist | tered agent, or both, in the State of Flori | da. I am familiar with, ar | nd accept | |
| 8. The above r | named entity submits this statement to ons of registered agent. | or the purpose of changing | na rogiotarea emes en es | _ | _ | _ | |
| the obligatio | ons of registered again. | | | <u></u> | 2.10.0 | 3_ | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. | NOTE: Registered Agent signature requi | ired when reinstating) | DATE | | |
| _ | · | | <u></u> | 9. Election Campaign Fina | ancing \$5.00 | May Be | |
| 를 등록 보고 보드라 **** | LE-NOW!!!- FEE IS \$150:00 | | | Trust Fund Contribution | | | |
| Aner Make Check | Payable to Florida Department | of State | | 0.51 | OCEO AND DIRECTORS | IN 11 | |
| 10. | OFFICERS AND | | 11. | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS ☐ Change | Addition | |
| TITLE | D | ☐ Delete | TITLE | , | , | | |
| NAME | FREEMAN, LINDA | | NAME STREET ADDRESS | | , 4 | } | |
| STREET ADDRESS | 580 CAPE COD LANE #1 | 1.4 | CITY-ST-ZIP | | | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 3271 | | TITLE | | ☐ Change | ☐ Addition | |
| TITLE | D | ☐ Delete | NAME | | · · · · · · · · · · · · · · · · · · · | | |
| NAME | CARRERO, FREDDY 580 CAPE COD LANE #1 | | STREET ADDRESS | • | | | |
| STREET ADDRESS CITY-ST-ZIP | ALTAMONTE SPRINGS FL 327 | 14 | CITY-ST-ZIP | | | | |
| | ALIAMONTE OF THICKS 12 32. | Delete | TITLE | | ☐ Change | ☐ Addition | |
| TITLE NAME | | _ | NAME | | | Ì | |
| STREET ADDRESS | | | STREET ADDRESS CITY-ST-ZIP | | | | |
| CITY-ST-ZIP | | | | | ☐ Change | Addition | |
| TITLE | | ☐ Delete | TITLE NAME | • | | | |
| NAME | 1 | | STREET ADDRESS | | | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | | | |
| CITY-ST-ZIP | | | TITLE | | ☐ Change | ☐ Addition | |
| TITLE | | □ Detete | NAME | | | | |
| NAME STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | Addition | |
| TITLE | | ☐ Delete | TITLE | | L1 Gliange | | |
| NAME | | | NAME STREET ADDRESS | | | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | | | |
| CITY-ST-ZIP | <u> </u> | | | in Section 119.07(3)(i), Florida Statutes the same legal effect as if made under | . I further certify that the | information | |
| 12. I hereby | certify that the information supplied to | with this filing does not qua ort is true and accurate and | that my signature shall have | in Section 119.07(3)(i), Florida Statutes e the same legal effect as if made under or 607, Florida Statutes; and that my nar | oath; that I am an office ne appears in Block 10 c | or director or Block 11 if | |
| of the co | orporation or the receiver or trust e e | mpowered to execute this r | eport as required by Chapte vered. | a Freeman | $\widehat{}$ | | |
| change | d, or on an attachment with an adole | So, with all other the stable | - Cina | | 4 (2) 1 | 81 0010 | |

SIGNATURE REMUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR