

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90108 044 \*\*\*550.00

**DOCUMENT # P01000006647**

1. Entity Name  
**PREMIER WELLNESS & REHAB, INC.**

Principal Place of Business  
**1099 THE POINTE DR. BLDG 7**  
**WEST PALM BEACH FL 33409**

Mailing Address  
**1099 THE POINTE DR. BLDG 7**  
**WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address  
**1099 THE POINTE DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**WEST PALM BEACH FL**

Zip

Country

Zip  
**33409**

Country  
**USA**

4. Fed Number  
**65-1066703**

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

**VLEESCHAUWER, PETER DE**  
**1099 THE POINTE DR, BLDG 7**  
**WEST PALM BEACH FL 33409**

Name  
**N/A**

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

City

**FL**

Zip Code

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 *Peter De Vleeschauwer* **PETER DE VLEESCHAUWER**

**09-11-02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**  
NAME  
**VLEESCHAUWER, PETER DE**  
STREET ADDRESS  
**1099 THE POINTE DR, BLDG 7**  
CITY-ST-ZIP  
**WEST PALM BEACH FL 33409**

☐ Delete

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

☐ Change ☐ Addition

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:**

*Peter De Vleeschauwer* **PETER DE VLEESCHAUWER** **09-11-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(561) 758 5817**

Daytime Phone #

CR2E034 (4/02)