

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91158 009 ***150.00

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DOCUMENT # P01000008064

1. Entity Name
ANTI-AGING ACADEMY, INC.



Principal Place of Business
382 5TH AVE. SOUTH
NAPLES FL 34102

Mailing Address
382 5TH AVE. SOUTH
NAPLES FL 34102

11041391



2. Principal Place of Business
480 6th Street South
Suite, Apt. #, etc.

3. Mailing Address
480 6th Street South
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Naples FL

City & State
Naples FL

4. FEI Number **42-1534621**

Applied For
Not Applicable

Zip **34102** **Country**

Zip **34102** **Country**

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

6. Name and Address of Current Registered Agent

TODD, GUDRUN
382 5TH AVE. SOUTH
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name
TODD, GUDRUN R.
Street Address (P.O. Box Number is Not Acceptable)
480 6th Street South
City **Naples** **FL** **Zip Code** **34102**

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** _____
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **SCHWANBECK, KLAUS**
STREET ADDRESS **382 5TH AVE S**
CITY-ST-ZIP **NAPLES FL**

TITLE **DPS** ☐ Change ☐ Addition
NAME **SCHWANBECK, KLAUS**
STREET ADDRESS **480 6th Street South**
CITY-ST-ZIP **Naples FL 34102**

TITLE **DVPT** ☐ Delete
NAME **SCHWANBECK, SABINE**
STREET ADDRESS **382 5TH AVE S**
CITY-ST-ZIP **NAPLES FL**

TITLE **DVPT** ☐ Change ☐ Addition
NAME **SCHWANBECK, SABINE**
STREET ADDRESS **480 6th Street South**
CITY-ST-ZIP **Naples FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24-04-03 **261-0808**

Date

Daytime Phone #

CR2E034 (10/02)