

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90022 019 \*\*\*150.00

**DOCUMENT # P01000031488**

1. Entity Name

**WELLNESS BY DESIGN, INC.**

Principal Place of Business

**1808 ORCHID ST  
SARASOTA FL 34239**

Mailing Address

**1808 ORCHID ST  
SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1098985**

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

**CARLIN, JANET L**

**1808 ORCHID ST**

**SARASOTA FL 34239**

Name

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

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 ☐ Delete  
NAME **D CARLIN, JANET L**  
STREET ADDRESS **1808 ORCHID ST**  
CITY-ST-ZIP **SARASOTA FL 34239**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/06/02 (941) 953-9097**

Date

Daytime Phone #

CR2E034 (4/02)

# WELLNESS by *Attachment* Design Inc. 871232

September 6, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee FL 32302-1500

Re: # P01000031488

To Whom It May Concern:

This past month I received for the first time a 2002 Uniform Business Report to complete. I was a bit concerned as the amount due is not the amount that I understood was going to be charged to me when I established this corporation. Due to my concern, I contacted your department this afternoon to inquire about the amount due. The young lady, Kim, who answered your telephone, confirmed that our mailing address is correct. Not able to say why we did not received a first notice, Kim indicated that we should complete the enclosed report and attach this letter attached and mail along with a check for \$150.00.

If you have any questions, please contact me at 941-953-9097.

Sincerely,



Janet L. Carlin  
President

Jan Carlin, RN, MS  
Integrative Health Consultant

Professional Counseling Center  
1808 Orchid Street  
Sarasota FL 34239  
Phone (941) 953-9097  
Fax (941) 926-0594  
jcarlin\_email@aol.com