

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91215 032 \*\*\*158.75

DOCUMENT # PD1000049150 ✓

1. Entity Name

UTOPIAN WELLNESS COACHING, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3462 HARNESS CIR

3. Mailing Address

3462 HARNESS CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0125982

Applied For

☐ Not Applicable

Zip

33467

Country

US

Zip

33467

Country

US

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANTONY CHATHAM

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

3462 HARNESS CIR

City

LAKE WORTH

FL

Zip Code

33467

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.

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) ☒

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$200.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>ANTONY CHATHAM</u> <u>PRESIDENT</u> <u>3462 HARNESS CIRCLE</u> <u>LAKE WORTH, FL 33467</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT</u> <u>ANNIE CHATHAM</u> <u>3462 HARNESS CIRCLE, Lake Worth</u> <u>FL 33467</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT</u> <u>ANNIE</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antony Chatham ANTONY CHATHAM

Date

4/26/02

Daytime Phone #

(561) 985-2589

CR2034B (12/01)