

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90060 033 ***150.00

DOCUMENT # P01000068195

1. Entity Name
TOTAL BODY CARE, INC.

Principal Place of Business
1812 GRANDE ISLE CIRCLE, APT 324B
ORLANDO FL 32810

Mailing Address
1812 GRANDE ISLE CIRCLE, APT 324B
ORLANDO FL 32810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
612 ELLSWORTH STREET
 Suite, Apt. #, etc.

3. Mailing Address
612 ELLSWORTH STREET
 Suite, Apt. #, etc.

City & State
ALTAMONTE SPRINGS, FL

City & State
ALTAMONTE SPRINGS, FL

4. FEI Number
59-3729694

Applied For
☐ **Not Applicable**

Zip
32701

Country
SEMINOLE

Zip
32701

Country
SEMINOLE

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

DEVLIN, MICHAEL
1812 GRANDE ISLE CIRCLE, APT 324B
ORLANDO FL 32810

Name
Street Address (P.O. Box Number is Not Acceptable)
612 ELLSWORTH STREET

City **ALTAMONTE SPRINGS** **FL** **Zip Code** **32701**

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 *Michael B. Devlin*

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DEVLIN, MICHAEL	
STREET ADDRESS	1812 GRANDE ISLE CIRCLE, APT 324B	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLIN, MICHAEL	
STREET ADDRESS	612 ELLSWORTH STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
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: *Michael B. Devlin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # PO1000008195

413568

Ohab and Company, PA

100 E. Sybelia Ave. Ste. 130
Maitland, FL 32751

Certified Public Accountants
E-Mail: ohabco@gte.net

Phone 407-740-7311
Fax 407-740-6441

2002 UNIFORM BUSINESS REPORT

TOTAL BODY CARE, INC.

FORM (UBR) UNIFORM BUSINESS REPORT FILINGS

X

Enclosed you will find your copy of this report. Please sign and date the **original** (also enclosed) and mail in the envelope provided on or before **MAY 1, 2002**.
Enclose a check made payable to **DEPARTMENT OF STATE** in the amount of **\$150.00**.

Comments:

2002 UNIFORM BUSINESS REPORT (UBR)

01/19/06 AV

413568

DOCUMENT # P01000068195

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City & State ALTAMONTE SPRINGS, FL	City & State ALTAMONTE SPRINGS, FL	4. FEI Number 59-3729694	Applied For <input type="checkbox"/> Not Applicable
Zip 32701	Country SEMINOLE	Zip 32701	Country SEMINOLE
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

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DEVLIN, MICHAEL
1812 GRANDE ISLE CIRCLE, APT 324B
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
612 ELLSWORTH STREET
City
ALTAMONTE SPRINGS FL Zip Code
32701

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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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CITY - ST - ZIP	

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TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEVLIN, MICHAEL	
STREET ADDRESS 612 ELLSWORTH STREET	
CITY - ST - ZIP ALTAMONTE SPRINGS, FL 32701	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CITECOM (901)