

FILED

Sep 30, 2002 8:00 am
Secretary of State

09-04-2002 90086 034 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071660

1. Entity Name

PHYSICIANS BLEND, INC.

Principal Place of Business

P O BOX 510
LECANTO FL 34460

Mailing Address

P O BOX 510
LECANTO FL 34460

43210-

2. Principal Place of Business

7815 N DALE MABRY

3. Mailing Address

Suite, Apt. #, etc.

SUITE 202

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip
33614

Country

Zip

Country

4. FEI Number

59-3736560

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CORR, JAMES B

1145 W WINDBREEZE COURT
LECANTO FL 34661

7. Name and Address of New Registered Agent

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
Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	KATHLEEN CORR	1145 W WINDBREEZE CT	LECANTO, FL 34661	<input type="checkbox"/>
VICE PRESIDENT	KEVIN CORR	230 INDIAN TRAIL CT	HENDERSON, NV 89074	<input type="checkbox"/>
SECRETARY	JAMES B. CORR	1145 W WINDBREEZE CT	LECANTO FL 34661	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)