

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90147 019 \*\*\*150.00

**DOCUMENT # P01000081934**

1. Entity Name

**NAPLES WELLNESS INSTITUTE, INC.**

Principal Place of Business

**1515 GULFSTAR DRIVE S.  
 NAPLES FL 34112**

Mailing Address

**1515 GULFSTAR DRIVE S.  
 NAPLES FL 34112**

**660 LAMBTON LN  
 NAPLES, FL 34104**

2. Principal Place of Business

**660 LAMBTON LN**

3. Mailing Address

**660 LAMBTON LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

4. FEI Number

**01-0601294**

Applied For

Not Applicable

Zip **34104**

Country **U.S.A.**

Zip **34104**

Country **U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHEVALIER, SYLVAIN  
 1515 GULFSTAR DRIVE S.  
 NAPLES FL 34112**

**660 LAMBTON LN  
 NAPLES, FL 34104**

7. Name and Address of New Registered Agent

Name **CHEVALIER, SYLVAIN**

Street Address (P.O. Box Number is Not Acceptable) **660 LAMBTON LN**

City **NAPLES**

**FL**

Zip Code **34104**

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

**March 18, 2002**

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 Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
 NAME **CHEVALIER, SYLVAIN**  
 STREET ADDRESS **1515 GULFSTAR DRIVE S.**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VSTD** ☒ Delete  
 NAME **CHEVALIER, MARGARET**  
 STREET ADDRESS **1515 GULFSTAR DRIVE S.**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **CHEVALIER, SYLVAIN**  
 STREET ADDRESS **660 LAMBTON LN**  
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **VSTD** ☒ Change ☐ Addition  
 NAME **CHEVALIER, MARGARET**  
 STREET ADDRESS **660 LAMBTON LN**  
 CITY-ST-ZIP **NAPLES, FL 34104**

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

**SYLVAIN CHEVALIER**

**March 18, 2002 239-775-7652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)