

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0464528 AV

**DOCUMENT # P01000101314**

1. Entity Name

**CLEARWATER WELLNESS CENTER, INC.**

04-02-2002 90058 007 \*\*\*150.00

Principal Place of Business

**14096 PASSAGE WAY  
 SEMINOLE FL 33776**

Mailing Address

**14096 PASSAGE WAY  
 SEMINOLE FL 33776**

2. Principal Place of Business

**5116 Lakeview Rd**

Suite, Apt. #, etc.

**4**

3. Mailing Address

**516 Lakeview Rd**

Suite, Apt. #, etc.

**4**

City & State

**Clearwater, FL**

Zip

**33756**

Country

**US**

City & State

**Clearwater, FL**

Zip

**33756**

Country

**US**

4. FEI Number

**22-3836841**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MONROSE, NINA G**

**5200 CENTRAL AVE**

**ST PETERSBURG FL 33756**

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.

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 \$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 **DPT** ☐ Delete  
 NAME **VAZZANA, FRANK J**  
 STREET ADDRESS **14096 PASSAGE WAY**  
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **DVS** ☐ Delete  
 NAME **GARRISON, SUE A**  
 STREET ADDRESS **14096 PASSAGE WAY**  
 CITY-ST-ZIP **SEMINOLE FL 33776**

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 **DPT** ☒ Change ☐ Addition  
 NAME **Vazzana, Frank J.**  
 STREET ADDRESS **516 Lakeview Rd. Villa 4**  
 CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **DVS** ☒ Change ☐ Addition  
 NAME **Garrison, Sue Ann**  
 STREET ADDRESS **516 Lakeview Rd Villa 4**  
 CITY-ST-ZIP **Clearwater, FL 33756**

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: **Sue Ann Garrison** VP/Sec **3/14/02** (727) 466-1601  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)