

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

DOCUMENT # **P01000117953**

1. Entity Name

Holistic Therapy Solutions, Inc.



FILED
03 NOV 19 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2200 NW 118th Ave

Suite, Apt. #, etc.

3. Mailing Address

2200 NW 118th Ave

Suite, Apt. #, etc.

City & State

Plantation FL

Zip

33323

Country

USA

City & State

Plantation FL

Zip

33323

Country

USA

700023740757

11/26/03--01029--002 *40.00**

DO NOT WRITE IN THIS SPACE

10/17/03 01028 002 \$110.00

4. FEI Number

010560134

Applied For

Not Applicable

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

Michelle Marotta

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

2200 NW 118th Ave

Plantation

City

FL

Zip Code

33323

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

Michelle K. Marotta MK Marotta

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/17/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**President, Treasurer
Michelle K. Marotta
2200 NW 118th Avenue
Plantation, FL 33323**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

700023740757

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Secretary
Judy McClure
2200 NW 118th Avenue
Plantation, FL 33323**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle K. Marotta MK Marotta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/03

Daytime Phone #

9548016203

CR2E034B (12/02)

**Holistic Therapy Solutions Inc
2200 NW 118th Ave
Plantation FL 33323**

Reason: Annual Report reinstatement

Document Number: P01000117953

FEI Number: 010560134

To Whom It May Concern:

I am writing this letter to inform you that I did not receive the Uniformed Business Report for the year 2003 because the address that was recorded for my corporation was spelled incorrectly. As a result, my corporation was deemed inactive on 9-19-2003.

I called your information number and the representative told me to write a letter explaining that I did not receive the renewal and to send in \$150.00. He stated that this would reinstate our corporation in 5 to 7 days. If any of this information is erroneous, please let me know.

Additionally, please make the following changes:

- Address change to 2200 NW 118th Avenue, Plantation, FL 33323. As indicated on the form enclosed.
- Delete 2 of my officers, as they are no longer with this corporation:
 - Ellen Mattingly & Sandra McCartney

Thank you for your understanding of this matter. If you need any further information please call me at 954-801-6203

Sincerely

**Michelle Marotta
President/Owner**