## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P02000016317 DOCUMENT #

1. Entity Name

CON-40 WELLNESS CENTER, INC.



## **FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90150 024 \*\*\*150.00

Principal Place o 918 WINSLOE D IEW PORT RICH	RIVE	1918 \	Mailing Address 1918 WINSLOE DRIVE NEW PORT RICHEY FL 34655				22000827				
. Principal Plac	ce of Business	<b>3.</b> Mai	3. Mailing Address							111   101   1001	
Suite, Apt. #,	etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City	City & State				El Number 21 - 0629150	<u> </u>		plied For t Applicable	
Zip	Countr	y Zip		Countr	untry 5.		Certificate of Status Desired	\$8	<b>8.75</b> Add e Required		
<del></del>	6. Name and Add	ress of Current Registere	gistered Agent			7. Name and Address of New Registered Agent					
	· ~ . —	era era <u>Lean</u> neaga (a. 1. 1. 1.			-Name ~ -	المراجعة ويمية	and the state of t		- 12.	ang an	
CONFORTI, 19(8 WINSL	:			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)						
•	RICHEY FL 34655										
	•				City	City				9	
	amed entity submits ns of registered ager		ose of changing its	registered	d office or regis	stered ag	ent, or both, in the State of Florida.	am fan	niliar with, a	and accept	
SIGNATURE si	gnature, typed or printed ha	ne of registered agent and title if app	olicable (NOTE	: Registered	Agent signature requ	ired when re	einstating) D	ATE		_	
After I	E NOW!!! FEE I May 1, 2003 Fee w Payable to Florida						Election Campaign Financing     Trust Fund Contribution.		Added	<b>0</b> May Be I to Fees	
10.		OFFICERS AND DIRECTO	PRS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND D	IRECTORS	3 IN 11	
STREET ADDRESS 1	ONFORTI, CARL 1918 WINSLOE DF	IVE	☐ Delete		T ADDRESS ST-ZIP				□ Change	☐ Addition	
CITY-ST-ZIP	IEW PORT RICHE	1 FL 34000							Change	Addition	
TITLE			Delete	TITLE NAME							
NAME STREET ADDRESS				9	T ADDRESS				1		
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE NAME STREET ADDRESS	er e mengera	restriction of the second	☐ Delete			. بحد تدريون			Change	Addition	
CITY-ST-ZIP				TITLE				Г	Change	Addition	
TITLE NAME			☐ Delete	NAME				•			
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZiP						
TITLE	-		☐ Delete	TITLE				[	Change	Addition	
NAME				NAME							
STREET ADDRESS				1	ET ADDRESS						
CITY-ST-ZIP					ST-ZIP						
TITLE			☐ Delete	TITLE				i	Change	Addition	
NAME				NAME	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					ST-ZIP						
	artify that the informa	tion supplied with this filing	a does not qualify fo			n Section	119.07(3)(i), Florida Statutes. I furth	er certif	y that the i	nformation	
ти. т петеру се	а шу шарше шиоппа	non supplica main and mind	a account domining to		,		to the first and the second company and the	hat I am	a on officer	or director	

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 Block 11 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

969.20QS Daytime Phone #

CR2E034 (10/02)