

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

4/3

04-30-2003 90097 029 ***150.00

DOCUMENT # P02000085911

1. Entity Name
INTERNATIONAL WELLNESS CONNECTION, INC.



Principal Place of Business
~~201 E. PINE ST., SUITE 425~~
~~ORLANDO FL 32801~~

Mailing Address
~~201 E. PINE ST., SUITE 425~~
~~ORLANDO FL 32801~~

55042451



2. Principal Place of Business
384 - B GOLFVIEW ROAD

3. Mailing Address
P.O. Box 14188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NORTH PALM BEACH, FLORIDA

City & State
NORTH PALM BEACH, FLORIDA

4. FEI Number
52-2367760

Applied For
Not Applicable

Zip
33408-3500

Country
PALM BEACH

Zip
33408-4188

Country
PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DULIN, RAMSEY W
201 E. PINE ST., SUITE 425
ORLANDO FL 32801

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **DULIN, RAMSEY W**
STREET ADDRESS **201 E. PINE ST., SUITE 425**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Change ☒ Addition
NAME **DP KAREN V. KLEIN**
STREET ADDRESS **384 - B GOLFVIEW ROAD**
CITY-ST-ZIP **NORTH PALM BEACH, FLORIDA 33408-3500**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN V. KLEIN - PRESIDENT

4-25-03 561-799-5635

Date

Daytime Phone #

CR2E034 (10/02)