

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90215 015 \*\*\*150.00

**DOCUMENT # P02000117098**

**1. Entity Name**  
**HOLISTIC HEALTH MANAGEMENT CORPORATION, INC.**



**Principal Place of Business**  
**840 BEACH DR NE**  
**ST PETERSBURG FL 33701**

**Mailing Address**  
**840 BEACH DR NE**  
**ST PETERSBURG FL 33701**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**04-3720118**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BACON, DAVID A ESQ**  
**2959 1 AVE N**  
**ST PETERSBURG FL 33713**

**7. Name and Address of New Registered Agent**

**Name**  
**JEANETTE B. REID, PH.D**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**3025 50 ST S.**  
**CITY**  
**GULFPORT, FL**  
**FL** **Zip Code**  
**33707**

**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** **JEANETTE B. REID**  
Signature, typed or printed name of registered agent and title if applicable.

*Jeannette B. Reid*

(NOTE: Registered Agent signature required when reinstating)

**1-12-03**

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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DP**  
**REID, JEANETTE B**  
**3025 50 ST S**  
**GULFPORT FL 33707**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DV**  
**WHIPPLE, WILLIAM R**  
**234 72 ST N**  
**ST PETERSBURG FL 33710**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DST**  
**ERMATINGER, JOHN E**  
**2500 GRANADA CIR E**  
**ST PETERSBURG FL 33712**

☒ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☒ Delete ☐ Addition

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ Addition

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**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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:** *Jeannette B. Reid* **JEANETTE B. REID** **1-12-03** **727-418-0413**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)