

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90103 026 ***150.00

DOCUMENT # P02000118767

1. Entity Name
CUSTOMIZED HEALTH INC.



Principal Place of Business
**17829 SCARSDALE WAY
BOCA RATON FL 33496**

Mailing Address
**17829 SCARSDALE WAY
BOCA RATON FL 33496**

70004473



2. Principal Place of Business

3. Mailing Address

17829 Scarsdale Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 7260

City & State

City & State

Boca Raton, FL 33486

4. FEI Number

010752464

Applied For

Not Applicable

Zip

Country

Zip

33431

Country

U.S.A.

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

**KRIEGER, BELLA
17829 SCARSDALE WAY
BOCA RATON FL 33496**

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

Bella Krieger

1/6/03

Signature, typed or printed name of registered agent and fee, 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 **D** ☐ Delete
NAME **KRIEGER, BELLA**
STREET ADDRESS **17829 SCARSDALE WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **President** ☐ Change ☐ Addition
NAME **Bella Krieger**
STREET ADDRESS **17829 Scarsdale Way, Boca Raton**
CITY-ST-ZIP **FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Bella Krieger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

561 716-7730

Daytime Phone #

CR2E034 (10/02)