

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000008644**

1. Entity Name

WELLNESS WORKS, INC.



FILED

03 MAY -1 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1209 LAKESIDE DR

3. Mailing Address
1209 LAKESIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRANDON, FL

City & State
BRANDON, FL

4. FEI Number
59-3166308

Applied For
Not Applicable

Zip
33510

Country
USA

Zip
33510

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CAROL L. ROBERTS

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

8022 MAYS AVE

City
RIVERVIEW

FL Zip Code
33569

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

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	CAROL L. ROBERTS DIRECTOR 8022 MAYS AVE RIVERVIEW, FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000017624180 04/30/03--01124--021 ***150.00
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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:

Carol L. Roberts

CAROL L. ROBERTS

04/24/03

813-661-3662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20030303

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