

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

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90518 049 \*\*\*150.00

DOCUMENT # **P93000077480**

1. Entity Name

**WEALTH AND WELLNESS**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3110 1ST ST. WEST**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**A 301**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**ST. PETER BEACH, FL.**

City & State

4. FEI Number

**59-3209790**

Applied For

Not Applicable

Zip

**33706**

Country

**P. N. C. L. A. S.**

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**JAMES D. AMRIN**

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

**3110 1ST ST. WEST A301**

City

**ST. PETER BEACH FL**

Zip Code

**33706**

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 obligation of registered agent.

SIGNATURE

*James D. Amrin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-19-04**

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	<b>PRESIDENT</b>
NAME	<b>JAMES D. AMRIN</b>
STREET ADDRESS	<b>3110 1ST ST. WEST A301</b>
CITY-ST-ZIP	<b>ST. PETER BEACH, FL. 33706</b>
TITLE	<b>VICE-PRESIDENT</b>
NAME	<b>DEBRA B. AMRIN</b>
STREET ADDRESS	<b>3110 1ST ST. WEST, A301</b>
CITY-ST-ZIP	<b>ST. PETER BEACH, FL. 33706</b>
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*James D. Amrin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-04**

Date

Daytime Phone #

CR2E034B (12/02)