

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90001 024 ***158.75

DOCUMENT # **P93000081845**

1. Entity Name

ERGO, Inc.

Replacing Missing UBR

Principal Place of Business

Mailing Address

ERGO, Inc.
1372 Bennett Dr, #164
Longwood, FL 32750

Same

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

59-3214252

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

80085691

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Cynthia Dunning Michels
103 Pineview Cr
Altamonte Springs, FL
32714

Name **N/A**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres, VP, T, S, D	<input type="checkbox"/> Delete
NAME	Cynthia Michels	
STREET ADDRESS	103 Pineview Cr.	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	Michael Turner	<input type="checkbox"/> Delete
NAME	1111 Person St	
STREET ADDRESS	Kissimmee, FL 34741	
CITY-ST-ZIP		
TITLE	Frank Lukasik	<input type="checkbox"/> Delete
NAME	1250 W. Marion Ave, #142	
STREET ADDRESS	Punta Gorda, FL 33950	
CITY-ST-ZIP		
TITLE	William Shinn	<input type="checkbox"/> Delete
NAME	30540 Brookhaven Dr	
STREET ADDRESS	Green Oaks, IL 60048	
CITY-ST-ZIP		
TITLE	Edward Irons	<input type="checkbox"/> Delete
NAME	8701 SW 100 Street	
STREET ADDRESS	Miami, FL 33176	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitchell Weinstein	
STREET ADDRESS	1083 SW 156th Terrace	
CITY-ST-ZIP	Pembroke Pines, FL 33027	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cynthia Dunning Michels**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-774-5886

CR2E034 (9/99)