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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000000886 (8)

1. Corporation Name
CHUCK URSO ENTERPRISES, INC.



Principal Place of Business
CHUCK URSO ENT., INC.
d/b/a TO YOUR HEALTH
2139 S. TAMiami TRAIL
VENICE, FLORIDA 34293

Mailing Address
CHUCK URSO ENT., INC.
d/b/a TO YOUR HEALTH
2139 S. TAMiami TRAIL
VENICE, FLORIDA 34293

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 Name and Address of Current Registered Agent

URSO, CHARLES M
139 CONCORD DRIVE
PORT CHARLOTTE FL 33952

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30 Name and Address of New Registered Agent

3. Date Incorporated or Qualified

01/03/1995

4. FEI Number

65-0550538

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME
URSO, CHARLES M
STREET ADDRESS
139 CONCORD DRIVE
CITY-ST-ZIP
PORT CHARLOTTE FL 33952
VP

NAME
JACQUELINE M GERACA
STREET ADDRESS
139 CONCORD DRIVE
CITY-ST-ZIP
PORT CHARLOTTE FL

11 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY-ST-ZIP

81 TITLE

82 NAME

83 STREET ADDRESS

84 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles M. Urso