

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016785

1. Entity Name

CUSHION CLINIC, INC.

Principal Place of Business

7040 15 ST E
SARASOTA FL 34234

Mailing Address

7040 15 ST E
SARASOTA FL 34234

2. Principal Place of Business

431 48 St Ct E

Suite, Apt. #, etc.

3. Mailing Address

431 48 St Ct E

Suite, Apt. #, etc.

City & State

Bradenton

City & State

Bradenton FL

Zip FL 34208

Country

Manatee

Zip

34208

Country

4. FEI Number 59-3352542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASTAIN, MARILOU E
1503 66TH AVENUE TERRACE EAST
SARASOTA FL 34243

7. Name and Address of New Registered Agent

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.

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, 2001 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

TITLE D ☐ Delete
NAME CHASTAIN, MARILOU E
STREET ADDRESS 1503 66TH AVE. TERRACE EAST
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Marilou Chastain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

941-756-1097

Daytime Phone #

CR2E034 (10/00)

0416004

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90041 021 ***150.00



DO NOT WRITE IN THIS SPACE