

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051106

1. Entity Name

HYPNOSIS CENTERS OF FLORIDA, INC

Principal Place of Business

1650 MEDICAL LANE, #4

12741 WORLD PLAZA LANE

FORT MYERS FL 33907

US

Mailing Address

1650 MEDICAL LANE, #4

12741 WORLD PLAZA LANE

FORT MYERS FL 33907-3989

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATASSE, JASSE

12741 WORLD PLAZA LANE

STE TWO FOUR

FORT MYERS FL 33907

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, 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 P
NAME MATASSE, JASSE 1650 MEDICAL LANE, #4
STREET ADDRESS 12741 WORLD PLAZA LANE, STE TWO
CITY-ST-ZIP FT MYERS FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME PAUL CHRISTIN
STREET ADDRESS 121 EUCALYPTUS CT 33931
CITY-ST-ZIP FT MYERS, FL 33 BEACH, FL

TITLE
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 941 278-4406
Date Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90988 017 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0597482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E034 (9/99)