

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086389

1. Entity Name

THERALINK, INCORPORATED

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90071 013 ***158.75

Principal Place of Business

418 SAN JUAN AVENUE
NAPLES FL 34113

Mailing Address

418 SAN JUAN AVENUE
NAPLES FL 34113-8639

2. Principal Place of Business

532 PARK ST

3. Mailing Address

P.O. Box 262

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0625680

Applied For

Not Applicable

Zip

34102

Country

COLLIER

Zip

34106

Country

COLLIER

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFF, CASEY ESQ.
PAULICH, O'HARA & SLACK, P.A.
2150 GOODLETTE ROAD, 6TH FLOOR
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name C. JOHN G. CUDMORE

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

418 SAN JUAN AVE.

City

NAPLES

FL

Zip Code

34113

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 C. JOHN G. CUDMORE / PRES.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

14 APRIL 2000

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

TITLE P ☐ Delete
NAME CUPMORE, C JOHN G
STREET ADDRESS 418 SAN JUAN AVE.
CITY-ST-ZIP NAPLES FL 34113

TITLE VP ☐ Delete
NAME CUDMORE, CURIE C
STREET ADDRESS 418 SAN JUAN AVE.
CITY-ST-ZIP NAPLES FL 34113

TITLE S ☐ Delete
NAME CUDMORE, CURIE C
STREET ADDRESS 418 SAN JUAN AVE.
CITY-ST-ZIP NAPLES FL 34113

TITLE T ☐ Delete
NAME CUDMORE, C JOHN G
STREET ADDRESS 418 SAN JUAN AVE.
CITY-ST-ZIP NAPLES FL 34113

TITLE MD ☐ Delete
NAME CUDMORE, C JOHN G
STREET ADDRESS 418 SAN JUAN AVE
CITY-ST-ZIP NAPLES FL 34113

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

C. JOHN G. CUDMORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14 APRIL 00 (941)262-6565