

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90456 018 ***150.00

0341740 AV

DOCUMENT # P96000054357

1. Entity Name

INSTITUTE OF HYDROTHERAPY AND NATURAL HEALTH, IN C.



Principal Place of Business

**2300 GRIFFIN ROAD
SUITE 1-B
FORT LAUDERDALE FL 33312
US**

Mailing Address

**2300 GRIFFIN ROAD
SUITE 1-B
FORT LAUDERDALE FL 33312
US**

2. Principal Place of Business

144 ELEUTHERA DR.

Suite, Apt. #, etc.

City & State

DANIA, FLA.

Zip **33004**

Country **Broward**

3. Mailing Address

144 ELEUTHERA DR.

Suite, Apt. #, etc.

City & State

DANIA, FLA.

Zip **33004**

Country **Broward**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0694499

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHAFER, SUZANNE BOURGIE
233 N FEDERAL HWY
STE 53
DANIA FL 33004**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDVP** ☐ Delete
NAME **SCHAFER, SUZANNE BOURGIE**
STREET ADDRESS **233 N FEDERAL HWY #53**
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. 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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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUZANNE BOURGIE-SCHAFER

4-12-03 954-328-6809

Date

Daytime Phone #

CR25024 (10/02)