

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084327

1. Entity Name

ULTIMATE FORM PREVENTIVE HEALTH AND WELLNESS, IN

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90027 024 ***150.00

Principal Place of Business 3305 HAVILAND COURT #101 PALM HARBOR FL 34684	Mailing Address 30 N RING AVE SUITE 400 TARPON SPRINGS FL 34689 4384
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3305 HAVILAND CT Suite, Apt. #, etc. 101	3. Mailing Address 29 E Tarpon Avenue Suite, Apt. #, etc.
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City & State Palm Harbor, FL	City & State Tarpon Springs, FL
Zip 34684	Zip 34689
Country US	Country US

4. FEI Number 59-3407327	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLIMIS, GEORGE N 30 N RING AVE SUITE 400 TARPON SPRINGS FL 34689
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 29 E. Tarpon Avenue City Tarpon Springs FL Zip Code 34689

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 re-registering)	DATE 1/17/2000
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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 NAME STREET ADDRESS CITY-ST-ZIP D ALGUAZ, ALAN 1693 HAMPTON LANE PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Alcuz, Alan 3305 Haviland Ct #101 Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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	DATE April 6, 2000	DAYTIME PHONE # (727) 508-7067
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CR2E034 (9/99)