

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90007 039 \*\*\*150.00

**DOCUMENT # P96000084938**

1. Entity Name

**WELLNESS ASSETS, INC.**

Principal Place of Business

**36555 US HWY 19 N  
PALM HARBOR FL 34684  
US**

Mailing Address

**36555 US HWY 19 NO  
PALM HARBOR FL 34684-1340  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3451352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, CARLOS M  
36555 US HWY 19 N  
PALM HARBOR FL 34684**

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, 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          | PCEO                 | <input type="checkbox"/> Delete            |
| NAME           | GARCIA, CARLOS M     |  |
| STREET ADDRESS | 36555 US 19 N        |  |
| CITY-ST-ZIP    | PALM HARBOR FL 34684 |  |
| TITLE          | VPS                  | <input checked="" type="checkbox"/> Delete |
| NAME           | LAIN, JHON T         |  |
| STREET ADDRESS | 36555 US HWY 19 N    |  |
| CITY-ST-ZIP    | PALM HARBOR FL 34684 |  |
| TITLE          | T                    | <input checked="" type="checkbox"/> Delete |
| NAME           | JUNG, CATHERINE      |  |
| STREET ADDRESS | 36555 US HWY 19 N    |  |
| CITY-ST-ZIP    | PALM HARBOR FL 34684 |  |
| TITLE          | DEVP                 | <input checked="" type="checkbox"/> Delete |
| NAME           | LAIN, ANITA D        |  |
| STREET ADDRESS | 36555 US HWY 19 N.   |  |
| CITY-ST-ZIP    | PALM HARBOR FL 34684 |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Carlos M Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

166(3) 710 F-1