

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000085617**

1. Entity Name

Wholistic Mental Health Inc.

FILED

04 APR 26 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

347 Office Plaza Dr.

Suite, Apt. #, etc.

3. Mailing Address

347 Office Plaza Dr.

Suite, Apt. #, etc.

City & State

Tall FI

Zip

32301

Country

USA

City & State

Tall FI

Zip

32301

Country

USA

4. FEI Number

593431283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jackie Robinson

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

370 Rozena Loop

City

Havana

FL

Zip Code

32333

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

**Jackie Robinson, President
370 Rozena Loop
Havana, FI 32333**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Charles Robinson Vice President
370 Rozena Loop
Havana, FI 32333**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Fannie Collins, Secretary
5644 Bevis Rd
Boscon, FI 32323**

TITLE
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**800035822798
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jackie Robinson 4-26-04 8504127828

CR2E034B (12/01)