

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089841

1. Entity Name

TOTAL WELL-BEING, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90140 044 \*\*\*150.00

Principal Place of Business

Mailing Address

1251 WOODMERE DR  
WINTER PARK FL 32789  
US

1251 WOODMERE DRIVE  
WINTER PARK FL 32789-2628

2. Principal Place of Business

3. Mailing Address

153 S. Orlando Ave.  
Suite, Apt. #, etc.

645-201 Laurel Oak Lane  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Maitland, FL

Altamonte Springs, FL

Zip  
32751

Country  
USA

Zip  
32701

Country  
Seminole

4. FEI Number

59-3418103

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUDSON COLMAN, DEBRA  
1251 WOODMERE DRIVE  
WINTER PARK FL 32789

Name

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

645-201 Laurel Oak Lane

City

Altamonte Springs

FL

Zip Code

32701

8. The above named person 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HUDSON COLMAN, DEBRA  
1251 WOODMERE DRIVE  
WINTER PARK FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
645-201 Laurel Oak Lane  
Altamonte Springs, FL 32701 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

Daytime Phone #

2/4/00

407-834-3959

CR2E034 (9/99)