

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/11

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90007 002 \*\*\*150.00

DOCUMENT # P96000092125

1. Entity Name

DR. WELLNESS, INC.

Principal Place of Business

Mailing Address

36555 US 19 NORTH  
 PALM HARBOR FL 34684  
 US

36555 US 19 NORTH  
 PALM HARBOR FL 34684-1340  
 US

2. Principal Place of Business

4710 Habana Ave

Suite, Apt. #, etc.

SUITE 107

City & State

TAMPA FL

Zip

33614

Country

USA

3. Mailing Address

4710 Habana Ave

Suite, Apt. #, etc.

SUITE 107

City & State

TAMPA FL

Zip

33614

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3416578

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 NORTH  
 SUITE 109  
 PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

TRACY A Boyer

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

4710 Habana Ave

Suite 107

City

TAMPA

FL

Zip Code  
 33614

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 entity applicable.

(NOTE: Registered Agent signature required when reinstating)

5/31/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, CARLOS M	
STREET ADDRESS	36555 US HWY 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		<input 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	Tracy A Boyer	
STREET ADDRESS	4710 Habana Ave Suite 107	
CITY-ST-ZIP	TAMPA FL 33614	
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		
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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:

Tracy Boyer, President 4/20/00 (727) 771-9669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN34 (9/99)