

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90192 014 ***150.00

DOCUMENT # P97000022922

1. Entity Name

LIFEWORKS WELLNESS CENTER, INC.

Principal Place of Business

129 GARDEN AVENUE NORTH
CLEARWATER FL 33755
US

Mailing Address

129 GARDEN AVENUE NORTH
CLEARWATER FL 33755
US

2. Principal Place of Business

301 Turner Street

Suite, Apt. #, etc.

3. Mailing Address

301 Turner Street

Suite, Apt. #, etc.

City & State

Clearwater

City & State

Clearwater

4. FEI Number

59-3435238

Applied For

Not Applicable

Zip

Country

33756 USA

Zip

FL 33756

Country

USA

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

LETTAU, KATHLEEN E
C/O PERFECTLY BALANCED BOOKS
133 GARDEN AVENUE NORTH
CLEARWATER FL 33755

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

Kathleen E Lettau

27 April 2001

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	MINKOFF, DAVID	
STREET ADDRESS	404 EDGEWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINKOFF, SUE	
STREET ADDRESS	404 EDGEWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINKOFF, URI	
STREET ADDRESS	404 EDGEWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Uri Minkoff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27 April 2001 727-466-6789

CR2E034 (10/00)