

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023901

1. Entity Name

WHY WEIGHT? DIET ASSISTANCE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90123 006 ***150.00

Principal Place of Business

5668 SW CYPRESS GARDENS BLVD
WINTER HAVEN FL 33884

Mailing Address

6039 CYPRESS GARDENS BLVD
SUITE 122
WINTER HAVEN FL 33884-4115
US

2. Principal Place of Business

3265 CYPRESS GARDENS ROAD

3. Mailing Address

6039 CYPRESS GARDENS BLVD

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

PMB 122

City & State

WINTER HAVEN, FLA.

City & State

WINTER HAVEN, FLA.

4. FEI Number

65-0737090

Applied For

Not Applicable

Zip

33884

Country

POLK

Zip

33884-4115

Country

POLK

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, KANDI K
6039 CYPRESS GARDENS BLVD #122
WINTER HAVEN FL 33884-4115

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME KELLEY, KANDI K
STREET ADDRESS 6039 CYPRESS GARDENS BLVD #122
CITY-ST-ZIP WINTER HAVEN FL 33884-4115

☐ Delete

TITLE D
NAME ARSENAULT, LANONA
STREET ADDRESS 713 EUCLID AVE
CITY-ST-ZIP LAKE WALES FL 33853

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TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

1/10/2000

Date

(941) 318-8100

Daytime Phone #