


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-18-2003 90135 036 ***158.75

DOCUMENT # P97000033543	
1. Entity Name KASHUBA THERAPY, INC.	

Principal Place of Business C/O JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN RD., SUITE 30 JUPITER FL 33458	Mailing Address C/O JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN RD., SUITE 30 JUPITER FL 33458
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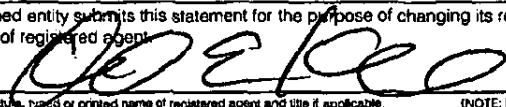
2. Principal Place of Business 8895 N. Military Tr Suite, Apt. #, etc. SUITE 101E	3. Mailing Address 8895 N. Military Tr Suite, Apt. #, etc. SUITE 101E
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☐ CHECK HERE IF MAKING CHANGES

City & State Palm Beach Gardens FL	City & State Palm Beach Gardens FL	4. FEI Number 65-0826556	Applied For <input type="checkbox"/> Not Applicable
Zip 33410	Country PALM BEACH	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GLIMSON, RICHARD P ESQ. C/O JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN RD., SUITE 30 JUPITER FL 33458	7. Name and Address of New Registered Agent Name: DAVID KASHUBA Street Address (P.O. Box Number is Not Acceptable): 108 NIGHTHAWK WAY City: NORTH PALM BEACH FL Zip Code: 33408
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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. I am familiar with, and accept the obligations of registered agent.

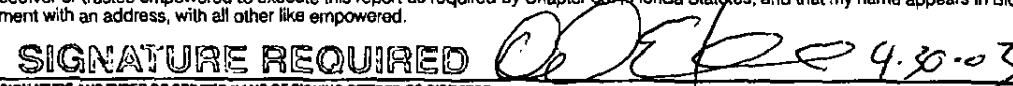
SIGNATURE:  DATE: 4.14.03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASHUBA, DAVID I 708 NIGHTHAWK WAY NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4.14.03 Daytime Phone #

CR2E034 (10/02)