

DOCUMENT # P97000063969

1. Entity Name

C P WELLNESS ASSOCIATES, INC.

Principal Place of Business

3715 7TH TERRACE
VERO BEACH FL 32960

Mailing Address

3715 7TH TERRACE
VERO BEACH FL 32960-6571

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PIERONE, GERALD JR.
3715 7TH TERRACE
VERO BEACH FL 32960

Name

Street Address (If different from above)

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERONE, GERALD 3715 7TH TERRACE VERO BEACH FL 32960	<input type="checkbox"/> Delete
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, Chapter 607, which provides that the information required to be filed by a corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, shall be exempt from filing if the corporation or the receiver or trustee is a corporation or the receiver or trustee which has changed, or on an address with an address, with all other like empowered.

SIGNATURE: GERALD, PIERONE, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: GERALD PIERONE, JR.  3/16/00 561-770-2664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)