

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90005 044 ***150.00

DOCUMENT # P97000088156

1. Entity Name
ABC HEALTH, INC.

Principal Place of Business

**675 TAMiami TRAIL
SUITE #4
PORT CHARLOTTE FL 33953
US**

Mailing Address

**675 TAMiami TRAIL
SUITE #4
PORT CHARLOTTE FL 33953
US**

2. Principal Place of Business

1651 Keyway Rd

Suite, Apt. #, etc.

3. Mailing Address

1651 Keyway Rd

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34332

Country

US

Zip

34223

Country

US

4. FEI Number **65-0786947**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLLAN, JUDY
787 TAMiami TRAIL
STE 1
PORT CHARLOTTE FL 33953**

7. Name and Address of New Registered Agent

Name
William Colantuono
Street Address (P.O. Box Number is Not Acceptable)
1651 Keyway Rd
City
Englewood **FL** Zip Code
34223

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 *William Colantuono*

William Colantuono

2-16-01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
COLLAN, JUDY
675 TAMiami TRAIL, STE #4
PORT CHARLOTTE FL 33953** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
Colantuono, William
1651 Keyway Rd Eng., FL 34223** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
STREET ADDRESS
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: *William Colantuono*

William Colantuono

2/15/01

941 475-0827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0405738