

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088538

1. Entity Name

COMPREHENSIVE REHAB AND FITNESS TECHNOLOGIES, IN

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90142 012 \*\*\*150.00

Principal Place of Business

33920 US HWY 19 N  
PALM BEACH FL 34684

Mailing Address

33920 US HWY 19 N  
PALM BEACH FL 34684-2654

2. Principal Place of Business

33920 US Hwy 19 N

Suite, Apt. #, etc.

151

City & State

Palm Harbor, FL

Zip

34684

Country

U.S.

3. Mailing Address

33920 US Hwy 19 N

Suite, Apt. #, etc.

151

City & State

Palm Harbor, FL

Zip

34684

Country

U.S.

4. FEI Number

59-3482912

Applied For

Not Applicable

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

MARQUARDT, EMIL C JR.  
625 COURT ST.  
CLEARWATER FL 33756

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) ☐

**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. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUGHES, ALLEN	
STREET ADDRESS	625 CT. ST.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CORRIS, ROBERT	
STREET ADDRESS	625 CT. ST.	
CITY-ST-ZIP	CLEARWATER FL 32756	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MIRABELLO, STEVEN C	
STREET ADDRESS	625 CT. ST.	
CITY-ST-ZIP	CLEARWATER FL 32756	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DORMOIS, JOHN	
STREET ADDRESS	625 CT. ST.	
CITY-ST-ZIP	CLEARWATER FL 32756	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MILLEN, JOSEPH	
STREET ADDRESS	625 CT. ST.	
CITY-ST-ZIP	CLEARWATER FL 32756	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HOUCK, CASS	
STREET ADDRESS	625 CT. ST.	
CITY-ST-ZIP	CLEARWATER FL 32756	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)