

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011413

1. Entity Name

HEALTH MOTIVATION INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90065 013 ***150.00

Principal Place of Business

Mailing Address

9200 BONITA BEACH RD.
#104
BONITA SPRINGS FL 34135

9200 BONITA BEACH RD.
#104
BONITA SPRINGS FL 34135-4277

2. Principal Place of Business

3. Mailing Address

9200 Bonita Beach Rd

#103A 9200 Bonita Beach Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#103A

#103A

City & State
Bonita Springs FL

City & State
Bonita Spr FL

Zip
34135

Country
USA

Zip
34135

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0811038

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

BARKER, R S
12699 NEW BRITTANY BLVD.
FT MYERS FL 33907

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 ☐ Delete
NAME D
STREET ADDRESS YOUNGQUIST, JILL
CITY-ST-ZIP 15123 ANCHORAGE WAY
FT MEYRS FL 33908-7

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KELLY, CATHY
CITY-ST-ZIP 18010 VILLA DEL RIO DRIVE
ALVA FL 33920

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4-3-00

Date

941-948-0110

Daytime Phone #

CR2E034 (9/99)