

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025684

1. Entity Name

META-HEALTH WEIGHT MANAGEMENT INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90072 009 ***150.00

Principal Place of Business

Mailing Address

929 S.E. CENTRAL PARKWAY
STUART FL 34994

929 S.E. CENTRAL PARKWAY
STUART FL 34994-3904

2. Principal Place of Business

1212-J U.S. HWY #1

3. Mailing Address

1212-J U.S. HWY #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
N. PALM BEACH

City & State
N. PALM BEACH FL

4. FEI Number 65-0819042

Applied For

Not Applicable

Zip

33408

Country

FL PALM BEACH

Zip

33408

Country

FL PALM BEACH

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALLEY, MAUREEN J
67 BEECH TREE LN.
STUART FL 34994

7. Name and Address of New Registered Agent

Name
MAUREEN J. NORELL

Street Address (P.O. Box Number is Not Acceptable)

3411 N.E. SKYLINE DR

City

JENSEN BEACH

FL

Zip Code

34957

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]

MAUREEN J. NORELL CHAIRMAN

4/25/00

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

TITLE C
NAME MALLEY, MAUREEN J
STREET ADDRESS 67 BEECHTREE LN
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE VC
NAME TOWNSON, D. RICHARD
STREET ADDRESS 67-BEECHTREE LN
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME NORELL, MAUREEN J ☒ Change ☐ Addition
STREET ADDRESS 3411 N.E. SKYLINE DR
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE VC
NAME
STREET ADDRESS 1212-J U.S. HWY #1
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Change ☐ Addition

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

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

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

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

(561) 775-9900

Date

Daytime Phone #

CR20014 (3/99)