

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90006 020 ***550.00

DOCUMENT # P98000025684

1. Entity Name

META-HEALTH WEIGHT MANAGEMENT INC.

Principal Place of Business

**1212-J US HWY #1
 NORTH PALM BEACH FL 33408**

Mailing Address

**1212-J US HWY #1
 NORTH PALM BEACH FL 33408**

2. Principal Place of Business

1212-J US HWY #1

3. Mailing Address

1212-J US HWY #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH, FL

City & State

NORTH PALM BEACH, FL

4. FEI Number

65-0819042

Applied For

Not Applicable

Zip

Country

33408

USA

Zip

Country

33408

USA

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

NORELL, MAUREEN

3411 NE SKYLINE DR

JENSEN BEACH FL 34957

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **C** ☐ Delete
 NAME **NORELL, MAUREEN J**
 STREET ADDRESS **3411 NE SKYLINE DR**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE **VC** ☒ Delete
 NAME **TOWNSON, RICHARD D**
 STREET ADDRESS **1212-J US HWY #1**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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
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 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 MAUREEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

Date

(361) 775-9900

Daytime Phone #

CR2E034 (5/01)