

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90202 041 ***550.00

DOCUMENT # P98000031389

1. Entity Name
WORLD WELLNESS INTERNATIONAL, INCORPORATED

Principal Place of Business
**36555 U.S. HWY 19 NORTH
 PALM HARBOR FL 34684**

Mailing Address
**36555 U.S. HWY 19 NORTH
 PALM HARBOR FL 34684**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3618019**

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

**BOYER, TRACY
 36555 US HIGHWAY 19 NORTH
 PALM HARBOR FL 34684**

Name **Tracy Garcia**
 Street Address (P.O. Box Number is Not Acceptable)
8664 Longwood Dr.
 City **Largo** FL **33777**

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 **Tracy Boyer**
 Signature, typed or printed name of registered agent and title if applicable.

Tracy Boyer
 (NOTE: Registered agent signature required when reinstating)

5/1/02
 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, 2002 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 **P** ☒ Delete
 NAME **BOYER, TRACY**
 STREET ADDRESS **36555 US HWY 19N**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **P** ☒ Change ☐ Addition
 NAME **Garcia, Tracy**
 STREET ADDRESS **36555 US 19 No.**
 CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE **T** ☐ Delete
 NAME **JUNG, CATHERINE**
 STREET ADDRESS **36555 US HWY 19N**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Tracy Garcia** **5/1/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone **707 271 9669**

CR2E034 (9/01)