

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90298 044 ***158.75

DOCUMENT # P98000033698

Entity Name

WELLNESS TRAINING CENTER, INC.

Principal Place of Business

CITY VIEW DR.
 FT. LAUDERDALE FL 33311

Mailing Address

358 CITY VIEW DR.
 FT. LAUDERDALE FL 33311-9109

0400001



DO NOT WRITE IN THIS SPACE

Principal Place of Business

300 City View Drive
 Suite, Apt. #, etc.

3. Mailing Address

300 City View Drive
 Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33311

Country

United States

Zip

33311

Country

United States

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRUITT, SHARI
 358 CITY VIEW DR
 FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name BRIMBERRY, ALEXIS C.

Street Address (P.O. Box Number is Not Acceptable)
 300 City View Drive

City Fort Lauderdale, FL Zip Code 33311

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

Alexis C. Brimberry

April 25, 2000

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DSP	<input type="checkbox"/> Delete
NAME	PRUITT, SHARI	
STREET ADDRESS	358 CITY VIEW DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pruitt, Shari	
STREET ADDRESS	225 City View Drive	
CITY-ST-ZIP	Fort Lauderdale, FL 33311	
TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brimberry, Alexis C.	
STREET ADDRESS	300 City View Drive	
CITY-ST-ZIP	Fort Lauderdale, FL 33311	
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
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alexis C. Brimberry April 25, 2000 954-761-8778

CR2E034 (9/99)