

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052810

1. Entity Name

ABOVE & BEYOND STIMULATION CENTER, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90004 019 \*\*\*150.00

Principal Place of Business

Mailing Address

4260 NORTH U.S. HIGHWAY 1  
 COCOA FL 32927

4260 NORTH U.S. HIGHWAY 1  
 COCOA FL 32927-5919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3517915**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

BOTTESCH, LESLIE R  
 4260 NORTH U.S. HIGHWAY 1  
 COCOA FL 32927

Name **STRIBY, OLLIE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4260 N. Highway 1**  
 City **COCOA** FL Zip Code **32927**

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 *Ollie Striby*  
 Signature typed or printed name of registered agent and title if applicable.

**OLLIE STRIBY**

**4/28/00**  
 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 **D** ☐ Delete  
 NAME **BOTTESCH, LESLIE R**  
 STREET ADDRESS **4260 NORTH U.S. HIGHWAY 1**  
 CITY-ST-ZIP **COCOA FL 32927**

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

TITLE **D** ☐ Delete  
 NAME **STRIBY, OLLIE G**  
 STREET ADDRESS **4260 NORTH U.S. HIGHWAY 1**  
 CITY-ST-ZIP **COCOA FL 32927**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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:

*Ollie Striby*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OLLIE STRIBY Director**

Date **4/28/00** Daytime Phone # **321-2052-8334**

CR2E034 (9/99)