

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069676

1. Entity Name

PROFESSIONAL WEIGHT CONTROL CENTER, INC.

FILED

Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90054 012 ***150.00

Principal Place of Business

Mailing Address

142 SOUTH SEMORAN BOULEVARD
ORLANDO FL 32807

142 SOUTH SEMORAN BOULEVARD
ORLANDO FL 32807-3293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3530099

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

SCHWARTZ, WILLIAM H
142 SOUTH SEMORAN BOULEVARD
ORLANDO FL 32807

Name

Randall B Greene

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

142 S Semoran Blvd

City Orlando

FL

Zip Code 32807

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 \$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 PSD
NAME SCHWARTZ, WILLIAM H
STREET ADDRESS 142 SOUTH SEMORAN BOULEVARD
CITY-ST-ZIP ORLANDO FL 32807 ☒ Delete

TITLE V
NAME PEEBLES, GINA
STREET ADDRESS 142 SOUTH SEMORAN BOULEVARD
CITY-ST-ZIP ORLANDO FL 32807 ☐ 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

TITLE President/Sec
NAME Peebles, Gina
STREET ADDRESS 142 S Semoran Blvd
CITY-ST-ZIP Orlando, FL 32807 ☒ Change ☐ Addition

TITLE Director
NAME RANDALL GREENE
STREET ADDRESS 201 TRISMAN TERRACE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)