

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90225 009 \*\*\*550.00

**DOCUMENT # P98000075661**

1. Entity Name  
**WELL BODY CLINIC, INC.**

Principal Place of Business

**3010 MANATEE AVE W  
 BRADENTON FL 34205  
 US**

Mailing Address

**P.O. BOX 704  
 BRADENTON FL 34206  
 US**

2. Principal Place of Business

**3915 8th AVE W**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 328**

Suite, Apt. #, etc.

City & State

**BRADENTON FL**

City & State

**TEARA CEIA FL**

Zip

**34205**

Country

**US**

Zip

**34250**

Country

**US**

4. FEI Number

**65-0862141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LABRECQUE, SARAH J  
 4220 1ST AVENUE EAST  
 BRADENTON FL 34208**

7. Name and Address of New Registered Agent

Name

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

**5982 225th St. E.**

City

**BRADENTON**

**FL**

Zip Code

**34202**

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 **Sarah Labrecque owner**

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, 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

TITLE **DP** ☐ Delete  
 NAME **LABRECQUE, SARAH J**  
 STREET ADDRESS **3010 MANATEE AVE W**  
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5982 225th St. E.**  
 CITY-ST-ZIP **BRADENTON FL 34202**

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

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

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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: **SARAH J. LABRECQUE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/9/02**  
 Date

**(941) 747-7741**  
 Daytime Phone #

CR2E034 (9/01)