

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080463

1. Entity Name

WELLNESS RESOURCES, INC.

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

05-05-2000 90095 040 ***150.00

Principal Place of Business

Mailing Address

2500 NORTHEAST 40TH ST
 FT. LAUDERDALE FL 33308-6223
 FORT US

GROVER AND ASSOCIATES-PA
 1600 SOUTHEAST 17TH ST. #301
 FT. LAUDERDALE FL 33316-1735
 FORT US

2. Principal Place of Business

STREET

3. Mailing Address

GRUBER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT

City & State

FORT

Zip

Country

US

Zip

Country

US

4. FEI Number

65-0902302

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

TURNER, JUDITH A.
 2500 NORTHEAST 40TH ST. STREET
 FT. LAUDERDALE FL 33308-6223
 FORT

Name

A.

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

STREET

City

FORT

FL

Zip Code

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	DVP	<input type="checkbox"/> Delete
NAME	TURNER, JUDITH A.	
STREET ADDRESS	2500 NORTHEAST 40TH ST. STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308-6223	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TURNER, VERNON P.	
STREET ADDRESS	2500 NORTHEAST 40TH ST STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308-6223	
TITLE	FORT	<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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A.	
STREET ADDRESS	STREET	
CITY-ST-ZIP	FORT	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.	
STREET ADDRESS	STREET	
CITY-ST-ZIP	FORT	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH A. TURNER 2/28/00 954-522-2222

Date

Daytime Phone #

CR2E034 (9/99)