

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**  
 03-19-2001 90491 034 \*\*\*150.00

**DOCUMENT # P98000080463**

1. Entity Name  
**WELLNESS RESOURCES, INC.**

Principal Place of Business

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

Mailing Address

**GRUBER AND ASSOCIATES, P.A.  
 1650 SOUTHEAST 17TH ST STE 301  
 FT. LAUDERDALE FL 33316-1735**

2. Principal Place of Business

**STREET**

3. Mailing Address

**17th Street, Suite 301**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FORT**

Zip

Country

**US**

Zip

Country

**US**



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name

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

**STREET**

City

**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, 2001 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 ☐ Delete

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

TITLE ☐ Delete

**DP  
 TURNER, VERNON P.  
 2500 NORTHEAST 40TH ST  
 FT. LAUDERDALE FL 33308-6223**

TITLE ☐ Delete

**Fort**

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

**A.  
 STREET  
 FORT**

TITLE ☒ Change ☐ Addition

**P.  
 STREET  
 FORT**

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 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

Date

Daytime Phone #

**PRESIDENT JUDITH A. TURNER 954 522 5222**  
**3/15/01**

CR2E034 (10/00)