2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90020 016 ***150.00

DOCUMENT # P98000085509

1. Entity Name
ADVANCED Weight Loss + Wellness of Ame

Principal Place of Business	Mailing Address
1855 Port St. Lucie BL PORT ST. Lucie, FL 34952	6320 Huntington Lakes Ci #102 Naples FL 34119

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		2338 Immokalee Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 162	
City & State		City & State Naples FL	
Zip	Country	Zip 34110	Country USA

4. FEI Number 65-0876456 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Richard D Cimino
4001 N Tamiami Tr #250
Naples FL 34103

7. Name and Address of New Registered Agent

Name F. G. Morse
Street Address (P.O. Box Number is Not Acceptable) 2338 Immokalee Rd #162
City Naples FL **FL** Zip Code 34110

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 Grant Morse, Pres Grant Morse Pres 4/27/00
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 [illegible]

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 NAME STREET ADDRESS CITY-ST-ZIP	VP CM BIBER 6320 Huntington Lakes Cir 102 Naples FL 34119	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P F.G. Morse 2338 Immokalee Rd #162 Naples FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Grant Morse Pres Grant Morse Pres 4/27/00 (941) 566-9146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #