

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90171 041 ***150.00

00046959

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000008358**
 1. Entity Name **INTEGRAS THERAPY AND WELLNESS CENTERS INC.**
3015 Jefferson St. - Suite C
MARIANNA, FL 32146

Principal Place of Business Mailing Address
INTEGRAS THERAPY AND WELLNESS CENTERS, INC.
3015 Jefferson St. - Suite C
MARIANNA, FL 32146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

63-1019537

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

Name **CHAUNCEY Belser**

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

3015 Jefferson St. Ste. C

City **MARIANNA**

FL

Zip Code
32146

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 **CHAUNCEY BELSER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Chauncey Belser

4-23-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO/PRAS** ☐ Delete
 NAME **WILLIAM C. WILLIAMS III**
 STREET ADDRESS **190 LIGHTKEEPERS DRIVE**
 CITY-ST-ZIP **PORT ST. JOE, FL 32156**

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

TITLE **COO/SEC** ☐ Delete
 NAME **CHAUNCEY BELSER**
 STREET ADDRESS **1308 NORTH RAILROAD AVE**
 CITY-ST-ZIP **CHIPLEY FL 32428**

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

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

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 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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: **CHAUNCEY BELSER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chauncey Belser **4-23-01**

Date

Daytime Phone #

850 526 3067

CR2E034 (11/00)