2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017540

1. Entity Name

C.D.R. Therapy, Inc

Principal Place of Business	Mailing Address
6056 Groveline DR Orlando FL 32810	Some

REINSTATEMENT 00-01
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
6056 Groveline DRive	6056 Groveline DR.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Orlando FL	City & State Orlando, FL	4. FEI Number 59-3576331	Applied For / Not Applicable
Zip 32810 Country Orange	Zip 32810 Country Orange	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
Crystal Rollins 6056 Groveline DRive Orlando, FL 32810	Name Crystal Rollins Street Address (P.O. Box Number is Not Acceptable) 6056 Groveline DR Orlando, FL City Orlando, FL FL Zip Code 32810

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 _Crystal Roll_ (President) Aug 08, 01

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 NAME STREET ADDRESS CITY-ST-ZIP	President / owner Crystal Rollins 6056 Groveline DR Orlando, FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (9/99)

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: _Crystal Roll_ 4/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #