

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

0369441

**DOCUMENT # P99000041402**

1. Entity Name

**THE THERAPEUTIC TEA DOCTOR, INC.**

05-15-2001 90174 042 \*\*\*150.00

Principal Place of Business      Mailing Address  
 1556 CHATEAUX DE VILLE COURT      1556 CHATEAUX DE VILLE COURT  
 CLEARWATER FL      CLEARWATER FL

2. Principal Place of Business

**4700 COVE CIRCLE N.**

Suite, Apt. #, etc.

3. Mailing Address

**4700**

Suite, Apt. #, etc.

City & State

**St Petersburg, FL.**

Zip  
**33708**

Country

City & State

**St Petersburg, FL.**

Zip  
**33708**

Country

4. FEI Number **65-0918137**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LUKACS, MARIA**  
**1556 CHATEAUX DE VILLE COURT**  
**CLEARWATER FL**

7. Name and Address of New Registered Agent

Name

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

**4700 COVE CIRCLE N.**

City

**St Petersburg,**

**FL**

Zip Code

**33708**

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

*Maria Lukacs*

**REGISTERED AGENT**

**05/01/01**

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, 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 **D** ☐ Delete  
 NAME **LUKACS, MARIA**  
 STREET ADDRESS **1556 CHATEAUX DE VILLE COURT**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4700 COVE CIRCLE N.**  
 CITY-ST-ZIP **St Petersburg, FL. 33708**

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Maria Lukacs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/01/01**

Date

Daytime Phone #

CR2E034 (10/00)