

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043191

1. Entity Name

ACTIVE LIFE REHAB., INC.

Principal Place of Business

12150 S. RURAL TERR.
FLORAL CITY FL 34436

Mailing Address

12150 S. RURAL TERR.
FLORAL CITY FL 34436-4008

2. Principal Place of Business

3589 E Gulf to Lake Hwy
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 640551
Suite, Apt. #, etc.

City & State

Inverness, Florida

City & State

Beverly Hills Florida

Zip

34453

Country

USA

Zip

34464

Country

USA

4. FEI Number

59-3575073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRISLER, PATRICK T
12150 S. RURAL TERR.
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

Name

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

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, 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	CRISLER, PATRICK	
STREET ADDRESS	12150 S. RURAL TERR.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AZARIAM PACKIARAJ	
STREET ADDRESS	12150 S. RURAL TERR.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDROSKI, MARK	
STREET ADDRESS	12150 S. RURAL TERR.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crisher, Patrick	
STREET ADDRESS	Po Box 640551	
CITY-ST-ZIP	Beverly Hills Fl. 34464	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Azariah Packiaras	
STREET ADDRESS	Po Box 640551	
CITY-ST-ZIP	Beverly Hills Fl. 34464	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Androski Mark	
STREET ADDRESS	Po Box 640551	
CITY-ST-ZIP	Beverly Hills Fl. 34464	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mark G. Androski President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00
Date

(52) 860-2222
Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90073 019 ***150.00