2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048896									
PROACTIVE HEALTH, INC.					7.22				
					19 8-MUL 00	44:14			
Principal Plac		Mailing Address				•			
2101 OAK HILL VALRICO FL 33.		2101 OAK HILL DR. VALRICO FL 33594-4635			SEORETARY OF TALLAHASSEE.	FLORIDA			
					 	00:01 42 007 8 44 6 (1414)		18 (1) (1)	
2. Principal Place of Business 3. Mailing Address				11110	I III III III IIII IIII IIII IIII IIII IIII				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· _F1	100_2	DO NOT WRIT	E IN THIS SPACE	Ē		
City & State	°72\00 4 /	CIV SPREENIO	6		4. FEI Number 25.001.24	a .	-	plied For]
Zip 20	Country Cou	Zipaacaul	Countr	y Cl	5. Certificate of Status Desired	58.7	No.	Applicable	1
<u> 75</u>	6. Name and Address of Current	Pagistered Agent	- 	WA	7. Name and Address of New R		equirec	<u> </u>	-
	G. TEATHO BING MOGIETS OF CUITON	negisioied Ageni	$\neg \uparrow$	Name VIOL	1. Hallis gill Houseas Of How It	ogistores regular			1
SPIVEY, KELLY				Street Address (P.O. Box Number is Not Acceptable)					1
	RICO FL 33594					<u> </u>			1
	-		F	City		FL Z	p Code)	1
8. The above	named entity submits this statement for	or the purpose of changing its r	registered	office or register	ed agent, or both, in the State of Flo				1
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered /	Agent signature required	when reinstating)	DATE			
Tax filling o	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200	O Fee w	ill be \$550.00	10. Election Campaign Fin Trust Fund Contribution		Added	May Be to Fees	
(See criter	ia on back) OFFICERS AND		0.10 Dep		ADDITIONS/CHANGES TO OFF		4	F MAT -	∤
TITLE 19 100 10	President	□ Delete	i MLE	2. 35		C	hange	Addition	00/0
NAME_ STREET ADDRESS	Kelly M. SPIVY V	rabeico fi 335941.		ADORESS					0347
CITY-ST-ZIP	2101. Dar Hill 176.		CITY-S	T- ZIP	<u> </u>			- Addition	CB2F034 /9/90
TITLE NAME		. Delete	TITLE			□ C	nange	☐ Addition	
STREET ADDRESS				ADDRESS					}
CITY-ST-ZIP TITLE		☐ Oelete	CITY-S	51-214			hange	Addition	}
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS ST-ZIP				_	
TITLE		Defete	TITLE				hange	~ Addition	}
NAME STREET ADDRESS			NAME STREET	ADORESS	,				
CITY-ST-ZIP			CITY-S	ST-ZIP				Addition	1
TITLE NAME		☐ Delete	TITLE NAME			<u> </u>	ueniñe.		
STREET ADDRESS CITY-ST-ZIP	77.1		STREET CITY-S	ADDRESS T-ZIP	Ч				
TITLE		☐ Oelete	TITLE				hange	Addition	1
NAME STREET ADDRESS			NAME STREET	ADDRESS	!	15 O	•		
CITY-ST-ZIP	The same of the same state of the same of		CITY-S	T-ZIP		17.5.		Tr. 70 - 14	
noicated	certify that the information supplied with on this report or supplemental report i	s true and accurate and that m	v sionatiii	re snall nave in e s	same legal allact as il mage ungel g	an uai an an	0111001	N CHOCKOI	'
of the cor changed,	poration or the receiver or trustee emp or on an attachment with an address,	owered to execute this report a with all other like empowered.	is require	d by Chapter 607	, Florida Statutes, and that my name	appears in Block		BIOCK 1211 C EPU) 	
SIGNAT	URE:	19WY 7/4th	MAY	Mex	301 ₀₀ 4127100	813/684	-30	177	