

2000 UNIFORM BUSINESS REPORT (UBR)

8/8/00-90091-024-\$550.00-\$550.00

DOCUMENT # P99000050530

1. Entity Name

WESTCHASE ALTERNATIVE MEDICINE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 10:28

Principal Place of Business

11266 W. HILLSBOROUGH STE. 293
TAMPA FL 33635

Mailing Address

11266 W. HILLSBOROUGH STE. 293
TAMPA FL 33635



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-358023A		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SCHRIEWER-MEZO, NANCY 11266 W. HILLSBOROUGH STE. 293 TAMPA FL 33635				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Mtn. will be \$750.00 - Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	PRESIDENT & CHAIRMAN			Nancy Schriewer-Mezo	
		11266 W. Hillsborough #293			
		TAMPA FLORIDA 33635			

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: *Nancy Schriewer-Mezo* DATE: 8/3/00 DAYTIME PHONE: 813-264-2241

CR2003A (5/00)