

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052249

1. Entity Name

WELLNESS PROFESSIONAL GROUP OF ORLANDO, INC.

APPROVED
AND
FILED

00 SEP -8 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

436 MORNING CREEK CIR
APOPKA FL 32712

436 MORNING CREEK CIR
APOPKA FL 32712-8157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-357 8473

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFF, LAURA
436 MORNING CREEK CIR
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

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

City

600003398116--2

-09/19/00-01048-018

****150.00 ****150.00

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 PSD
NAME WOLFF, LAURA
STREET ADDRESS 436 MORNING CREEK CIR
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 8840324

CR2E034 (9/99)

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Dear IRS:

8/1/00

Due to illness I was unable to mail this payment in on the original due date, please accept my apologies.

I am recovering and they expect a full recovery. Thank you,

Laura Wolff,
with Wellness Prof. Group