2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

P O BOX 1971

P99000054902 **DOCUMENT #**

1. Entity Name

Principal Place of Business

1502 DUNDEE ROAD

ALTERNATIVE THERAPY CENTER, INC.



FILED Feb 11, 2003 8:00 am Secretary of State

02-11-2003 90075 019 ***150.00

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2. Principal Place of Business				3. Mailing Address				E CONTROL STO MANUEL MANUEL AND STATE À	DIŞI ÇUNLI SƏLƏL SII	THÍ BHOSO LOSSI OI	6118 III II I	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	FEI Number 59-358738 6	6		plied For Applicable	
Zip Country				Zip Country		ry	5.	Certificate of Status Desired		8.75 Addi ee Required		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
7.34						Name		<u>.</u>				
VELA-LOPEZ, ENRIQUE						Chapt Address (B.O. Box Number is Not Assessable)						
						Street Address (P.O. Box Number is Not Acceptable)						
1502 DUNDEE ROAD												
WINTER HAVEN FL 33884											-	
						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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Signature, types or printed frame or regional again and the in applicable. (140 fc. insignation regional agriculture requires regional agriculture requirements)												
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing										\$5.0	0 May Be	
After May 1, 2003 Fee will be \$550.00								Trust Fund Contribut			to Fees	
Make Check Payable to Florida Department of State												
10.				DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DI			DIRECTORS		
TITLE	PT	PT Delete		TITLE					Change	☐ Addition		
NAME	LOPEZ, EI				NAME							
STREET ADDRESS						T ADDRESS					,	
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TITLE	VST			☐ Delete		TITLE				Change	☐ Addition	
NAME	MARQUEZ, UTE M					:					}	
STREET ADDRESS	1502 DUNDEE ROAD				STREET ADD							
CITY-ST-ZIP	WINTER HAVEN FL 33884			CIT		ST-ZIP						
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: