

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060188

1. Entity Name

TRUE HEALTH CHELATION CENTER, INC.

R

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90011 019 ***158.75

Principal Place of Business

5 MINNA LN., STE. 201
MERRITT ISLAND FL 32953

Mailing Address

5 MINNA LN., STE. 201
MERRITT ISLAND FL 32953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3584025

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., STE. 505
MELBOURNE FL 32901

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS SCHUSTER, ALIX
CITY-ST-ZIP 521 ORANGE GROVE AVE.
W. MELBOURNE FL 32904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

SEAL REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALIX SCHUSTER

Date

07/10/00

Daytime Phone #

(321) 454 4428

TRUE HEALTH
CHELATION CENTER, INC.

Attachment # DW 71388
Alix Schuster, R.N., B.S.
5 Minna Lane, Suite 202
Merritt Island
FL 32953
Phone (407) 454 4428
Fax: (407) 454 4033

07/10/00

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref.: 2000UBR, EIN 59-3584025


Dear Ladies, dear Sirs,

I apologize for not returning the 2000UBR in time. I just now received the form in my mail.

As per my phone conversation with your office today please find enclosed my 2000UBR and payment of \$158.75.

Thank you for your consideration.

Yours sincerely,



Alix Schuster, R.N., B.S.