

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90011 045 ***150.00

DOCUMENT # P99000060188

1. Entity Name
TRUE HEALTH CHELATION CENTER, INC.

Principal Place of Business

**5 MINNA LN., STE. 202
MERRITT ISLAND FL 32953**

Mailing Address

**521 ORANGE GROVE AVENUE
W MELBOURNE FL 32904**

2. Principal Place of Business

585 N. COURTENAY PKWY

3. Mailing Address

Suite, Apt. #, etc.

SUITE 202

City & State

MERRIT ISLAND FL

Zip

32953

Country

Zip

Country

4. FEI Number

59-3584025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHUSTER, ALIX
ORANGE GROVE AVENUE
W MELBOURNE FL 32904**

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 \$150.00

After May 1, 2002 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 ☐ Delete
NAME **D SCHUSTER, ALIX**
STREET ADDRESS **521 ORANGE GROVE AVE.**
CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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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:

ALIX SCHUSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02 (321) 4544428

Date

Daytime Phone #

CR2E034 (9/01)