

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90395 001 ***450.00

DOCUMENT # P99000064409

1. Entity Name
ALTERNATIVE MEDICINE, INC. OF FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**11444 SEMINOLE BLVD
 LARGO FL 33778**

Mailing Address
**11444 SEMINOLE BLVD
 LARGO FL 33778**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name **Gregory V Hollstrom**
 Street Address (P.O. Box Number is Not Acceptable)
11444 Seminole Blvd
 City **Largo** FL **33778**

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 *Gregory V Hollstrom*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GREGORY HOLLSTROM, GREGORY**
 STREET ADDRESS **11444 SEMINOLE BLVD**
 CITY-ST-ZIP **LARGO FL 33778**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Roderick Jones**
 STREET ADDRESS **11444 Seminole Blvd**
 CITY-ST-ZIP **Largo, FL 33778**

TITLE **V** ☐ Delete
 NAME **JONES, DENNIS**
 STREET ADDRESS **11444 SEMINOLE BLVD**
 CITY-ST-ZIP **LARGO FL 33778**

TITLE **Director** ☐ Change ☒ Addition
 NAME **James Dautel**
 STREET ADDRESS **11444 Seminole Blvd**
 CITY-ST-ZIP **Largo, FL 33778**

TITLE **ST** ☐ Delete
 NAME **HOLLSTROM, KATHLEEN**
 STREET ADDRESS **11444 SEMINOLE BLVD**
 CITY-ST-ZIP **LARGO FL 33778**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Gregory V Hollstrom*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01

Date

727 393-6100

Daytime Phone #

CR2E034 (10/00)