

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91143 009 ***150.00

DOCUMENT # P99000064409

1. Entity Name
ALTERNATIVE MEDICINE, INC. OF FLORIDA

Principal Place of Business

11444 SEMINOLE BLVD
LARGO FL 33778

Mailing Address

11444 SEMINOLE BLVD
LARGO FL 33778

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOLLSTROM, GREGORY V
11444 SEMINOLE BLVD
LARGO FL 33778

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	P	<input type="checkbox"/> Delete
NAME	HOLLSTROM, GREGORY	
STREET ADDRESS	11444 SEMINOLE BLVD	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, DENNIS	
STREET ADDRESS	11444 SEMINOLE BLVD	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLLSTROM, KATHLEEN	
STREET ADDRESS	11444 SEMINOLE BLVD	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, RODERICK	
STREET ADDRESS	11444 SEMINOLE BLVD	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUBEL, JAMES	
STREET ADDRESS	11444 SEMINOLE BLVD	
CITY-ST-ZIP	LARGO FL 33778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

727 393-6100

Daytime Phone #

CR2E034 (9/01)