

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91726 002 ***150.00

DOCUMENT # P99000073112

1. Entity Name
CENTER FOR HEALTHY LIFESTYLES, INC.

Principal Place of Business

13710 MILL PLACE
ODESSA FL 33556
US

Mailing Address

13710 MILL PLACE
ODESSA FL 33556
US

80120799



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13710 MILL PLACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ODESSA FL

City & State

4. FEI Number

59-3599680

Applied For

Not Applicable

Zip

33556

Country

USA

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

REECE, RUTH A
13710 MILL PL.
ODESSA FL 33556-4020

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 or authorized representative

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **REECE, RUTH A**
STREET ADDRESS **13710 MILL PL.**
CITY-ST-ZIP **ODESSA FL 33556-4020**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

CR2E034 (9/01)

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

Date

Daytime Phone #

5-1-2002 (813) 926-5686