

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90140 011 ***150.00

DOCUMENT # **P99000086133**

1. Entity Name **ALTERNATIVE HEALTH Institute**
901 DONALD ROSS ROAD
JUNO BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2532 W. Indiantown Rd

Suite, Apt. #, etc.

SUITE A-4

City & State

Jupiter, FL 33458

Zip

33458

Country

USA

3. Mailing Address

2532 W. Indiantown Rd

Suite, Apt. #, etc.

SUITE A-4

City & State

Jupiter, FL -

Zip

33458

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0957634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **NICHOLAS R. Shaffer**

Street Address (P.O. Box Number is Not Acceptable)

2532 W. Indiantown Rd

SUITE A4

City **Jupiter**

FL

Zip Code **33458**

DO NOT WRITE IN THIS SPACE

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

Nicholas R. Shaffer

NICHOLAS R. Shaffer

04/21/02

Signature typed or printed name of registered agent, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **NICHOLAS R. Shaffer**
STREET ADDRESS **2532 W. Indiantown Rd S-A4**
CITY-ST-ZIP **Jupiter, FL 33458**

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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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

Nicholas R. Shaffer **NICHOLAS R. Shaffer**

04/21/02

561-744-6747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)