

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087786

1. Entity Name

COMPLETE HEALTH SOLUTIONS, INC.

f

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90021 022 ***150.00

Principal Place of Business

2445 TAMPA RD.
PALM HARBOR FL 34683

Mailing Address

2445 TAMPA RD.
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3610983

Applied For

Not Applicable

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

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE RD., STE. 100
CLEARWATER FL 33763

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YASOVA, MORRIS M
2445 TAMPA RD.
PALM HARBOR FL 34683 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

S. Morris **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00
Date

(727) 786-0880
Daytime Phone #

CR2E034 (5/00)

Attachment
07/19/00 08:17:86
DW 73057

**COMPLETE HEALTH SOLUTIONS, INC.
2445 TAMPA ROAD UNIT H
PALM HARBOR, FLORIDA 34683
727-786-0880
727-786-0882 FAX**

July 17, 2000

TO: Division of Corporations

Re: 2000 Uniform Business Report

Enclosed is the UBR and check for \$150.00. We never received the first invoice and therefore we feel the penalty fee should not be assessed to us. I spoke to a representative at the Division who suggested we send this letter of explanation in order to have the penalty waived.

Thank you for your consideration of this matter.

Sincerely,



Cindy Hosch
Office Manager