

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105957

1. Entity Name
REBOUND THERAPY RESOURCES, INC

FILED

02 OCT 28 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

125 EAST BLOOMINGDALE AVENUE
BRANDON FL 33511

Mailing Address

125 EAST BLOOMINGDALE AVENUE
BRANDON FL 33511

2. Principal Place of Business

116 East Bloomingdale Ave

3. Mailing Address

116 East Bloomingdale Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Brandon FL

Zip

33511

Country

USA

Zip

33511

Country

USA

4. FEI Number 65-1010186

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, MARVIN R

125 EAST BLOOMINGDALE AVENUE

BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Sullivan Marvin R.

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

116 East Bloomingdale Avenue

City

Brandon

FL

Zip Code

33511

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marvin R. Sullivan 10/28/02

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, 2002 Fee 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

TITLE D
NAME SULLIVAN, MARVIN R
STREET ADDRESS 125 EAST BLOOMINGDALE AVENUE
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Sullivan, Marvin R.
STREET ADDRESS 116 East Bloomingdale Avenue
CITY-ST-ZIP Brandon FL 33511

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

TITLE 9000008633333 ☒ Change ☐ Addition
NAME 10/28/02--01111--007 **750.00
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Change ☐ Addition
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: Marvin R. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

658-7342

CR2E034 (4/02)