

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90486 044 ***150.00

DOCUMENT # **P99000106628**

1. Entity Name
WELLNESS DEVELOPMENT CORP.



Principal Place of Business

**P.O. BOX 9017
LARGO FL 33771**

Mailing Address

**P.O. BOX 9017
LARGO FL 33771**

2. Principal Place of Business

**2699 Seville Blvd
Suite, Apt. # etc.
203**

3. Mailing Address

**2699 Seville Blvd.
Suite, Apt. # etc.
203**

City & State

Clearwater

City & State

Clearwater

Zip

33764

Country

Pinellas

Zip

33764

Country

Pinellas

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3227282

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STILLSON, DONALD D
2699 SEVILLE BLVD., #203
CLEARWATER FL 33764**

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

SIGNATURE **Donald Stillson**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	STILLSON, DONALD D	
STREET ADDRESS	2699 SEVILLE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARMORE, PATRICK	
STREET ADDRESS	2913 WESTON TERRACE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	P	<input type="checkbox"/> Delete
NAME	BENDER, DAVID	
STREET ADDRESS	329 BAYVIEW DRIVE, N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donald Stillson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.25.03

Date

727.224.4011

Daytime Phone #

CR2E034 (10/02)