

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90201 025 \*\*\*150.00

**DOCUMENT # P99000109010**

1. Entity Name

**TOTAL WELLNESS 2000, INC.**

Principal Place of Business

Mailing Address

1004 S OLD DIXIE HWY. SUITE 203  
JUPITER FL 33458

1004 S OLD DIXIE HWY. SUITE 203  
JUPITER FL 33458

2. Principal Place of Business

1002 S. old Dixie Hwy.

Suite, Apt. #, etc.

304

City & State

Jupiter, Fla.

Zip

33458

Country

USA

3. Mailing Address

1002 S. old Dixie Hwy.

Suite, Apt. #, etc.

304

City & State

Jupiter, Fla.

Zip

33458

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0969261**

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

**BRISKIN, ROBERT A**  
**1004 S OLD DIXIE HWY**  
**STE 203**  
**JUPITER FL 33458**

Name

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

1002 S. old Dixie Hwy

ste. 304

City

Jupiter

FL

Zip Code

33458

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

*Robert A Briskin*

1/4/01

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 \$150.00**  
**After MAY 1, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	BRISKIN, ROBERT A	
STREET ADDRESS	1004 S OLD DIXIE HWY, SUITE 203	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1002 S old Dixie Hwy, ste. 304	
CITY-ST-ZIP	Jupiter, Florida 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Robert A Briskin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/04/01

Daytime Phone #

561-746-9404

CR2E034 (10/00)