

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S43014**

1. Entity Name

HEALTHSTYLE CONSULTANTS, INC.

FILED
Aug 14, 2000 8:00 am
Secretary of State

08-14-2000 90002 027 ***550.00

Principal Place of Business

**3800 S. OCEAN DRIVE
SUITE 1112A
HOLLYWOOD FL 33019**

Mailing Address

**3800 S. OCEAN DRIVE
SUITE 1112A
HOLLYWOOD FL 33019**

2. Principal Place of Business

6601 N. Ocean Dr

3. Mailing Address

6601 N. Ocean Dr

Suite, Apt. #, etc.

Apt 1101

Suite, Apt. #, etc.

Apt 1101

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33019

Country

USA

Zip

33019

Country

USA

4. FEI Number

65-0257282

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUTMAN, CHARLES B.
8751 WEST BROWARD BLVD.
SUITE 303
PLANTATION FL 33324**

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.

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

TITLE **DPT** ☐ Delete
NAME **NOBLE, DOUGLAS B.**
STREET ADDRESS **25 JUNIPER RD.**
CITY-ST-ZIP **SHARON MA**

TITLE **D** ☐ Delete
NAME **BLANK, MARJORIE**
STREET ADDRESS **3800 S. OCEAN DR., #1112A**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **DS** ☐ Delete
NAME **KOSOW, LEE S.**
STREET ADDRESS **2275 S OCEAN BLVD 305-S**
CITY-ST-ZIP **PALM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **40 Battery Street, Unit 309**
CITY-ST-ZIP **Boston MA 02109**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6601 N. Ocean Dr. Apt 1101**
CITY-ST-ZIP **Hollywood FL 33019**

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

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

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

TITLE ☐ Change ☐ 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:

Douglas B Noble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)