

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V16140

1. Entity Name

METABOLIC WEIGHT LOSS CENTER OF ST. AUGUSTINE, I

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90006 030 ***158.75

00041361



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3229 HIGHWAY 17 NORTH GREEN COVE SPRINGS FL 32043	Mailing Address 3229 HIGHWAY 17 NORTH GREEN COVE SPRINGS FL 32043
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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 59-3112856	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOILEAU JOHN W. 3229 HWY 17 NORTH GREEN COVE SPRINGS FL 32043	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SOILEAU, NINA 6191 WEST SHORES ROAD ORANGE PARK FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, B. D SOILEAU, NINA 3229 HWY 17 N Green Cove Springs FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FITE, FRANCES 5670 RIVERSIDE DR HARBOR OAKS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fite, Frances PO Box 291993 Port Orange FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. SOILEAU, JOHN 6101 W. SHORES ROAD ORANGE PARK FL 32070	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, D SOILEAU, JOHN 3229 HWY 17 N Green Cove Springs FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: John W. Soileau Secretary 3/15/00 (904) 284 4021
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)