

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V36804**

1. Entity Name
ACCUPUNCTURE & NATURAL HEALTH CARE CENTER, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90236 034 ***150.00

Principal Place of Business
**660 NINTH ST N
#1
NAPLES FL 34102
US**

Mailing Address
**2430 OLD GROVES ROAD
104
NAPLES FL 33942
US**

749817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0329188		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NAIR, DAN 660 NINTH ST N SUITE 1 NAPLES FL 34102				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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. ☐ **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 type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAIR, KUMARI			NAME			
STREET ADDRESS	660 NINTH ST N., #1			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			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: Kumari Nair KUMARI NAIR 4-26-01 9412616601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)