

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90132 027 ***150.00

DOCUMENT # **P95000065031**
 i. Entity Name
HEALTH AND WEALTH OPPORTUNITIES, INC.

Principal Place of Business Mailing Address
 BOX 7967 PO BOX 7967
 FL 34101 NAPLES FL 34101-7967
 US

A0052153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2607 Twin Flower Lane**
 Suite, Apt. #, etc.
 City & State **NAPLES FL**

3. Mailing Address **2607 Twin Flower Lane**
 Suite, Apt. #, etc.
 City & State **NAPLES FL**

4. FEI Number **59-3348794**
 Applied For
 Not Applicable

Zip **34105** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PRAGUE, MARTIN CPA
545 W PARK AVE
WINTER PARK FL 32789

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 _____ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, JOYCE L PO BOX 7967 NAPLES FL 34101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBS, ARTHUR PO BOX 7967 NAPLES FL 34101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, JOYCE 2607 Twin Flower Lane NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBS, ARTHUR 2607 Twin Flower Lane NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joyce Jacobs, President Date 4/18/00 Daytime Phone # 941-430-4622

05/02/2000