

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000065031

FILED
Apr 04, 2003
Secretary of State

Entity Name: HEALTH AND WEALTH OPPORTUNITIES, INC.

Current Principal Place of Business:

2607 TWIN FLOWER LANE
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

2607 TWIN FLOWER LANE
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-3348794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRAGUE, MARTIN CPA
545 W PARK AVE
WINTER PARK, FL 32789

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOBS, JOYCE L
Address: 2607 TWIN FLOWER LANE
City-St-Zip: NAPLES, FL 34105

Title: V () Delete
Name: JACOBS, ARTHUR
Address: 2607 TWIN FLOWER LANE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE JACOBS

PRES

04/04/2003

Electronic Signature of Signing Officer or Director

_____ Date