FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91215 004 ***150.00

DOCUMENT # P96000051999

1. Entity Name

Healthy Home of Allergy & Indoor Air Pollution Pr

DO NOT WRITE IN THIS SPACE

666247

2. Principal Place of Business	3. Mailing Address
4211 E. Busch Blvd	4211 E. Busch Blvd
Suite, Apt. #, etc. Suite G	Suite, Apt. #, etc. Suite G
City & State Tampa Fl.	City & State Tampa Fl.
Zip 33617 Country USA	Zip 33617 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 593385101 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Linda Hudson

Street Address (P.O. Box Number is Not Acceptable): 4211 E. Busch Blvd #G

City: TAmpa **FL** Zip Code: 33617

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Mike W. Hudson	NAME	
STREET ADDRESS	4211 E. Busch Blvd #G	STREET ADDRESS	
CITY-ST-ZIP	Tampa Fl. 33617	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Linda A. Hudson	NAME	
STREET ADDRESS	4211 E. Busch Blvd #G	STREET ADDRESS	
CITY-ST-ZIP	Tampa, Fl. 33617	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Linda A. Hudson	NAME	
STREET ADDRESS	4211 E. Busch Blvd #G	STREET ADDRESS	
CITY-ST-ZIP	Tampa Fl. 33617	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Kirby Smith-Hudson	NAME	
STREET ADDRESS	5620 E. Fowler Ave #0	STREET ADDRESS	
CITY-ST-ZIP	Tampa Fl. 33617	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Hudson 04/26/02 (813) 988-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #