

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-26-2001 90104 009 ***150.00

DOCUMENT # F00000005501

1. Entity Name

NATURAL HEALTH ALTERNATIVES, INC.

Principal Place of Business

**2425 NORTH COURTENAY PKWY. STE #16
MERRITTI ISLAND FL 32953**

Mailing Address

**2425 NORTH COURTENAY PKWY. STE #16
MERRITTI ISLAND FL 32953**

2. Principal Place of Business

1980 N. Atlantic Ave

Suite, Apt. #, etc.

Suite 630

3. Mailing Address

1980 N. Atlantic Ave

Suite, Apt. #, etc.

Suite 630

City & State

Cocoa Beach FL

City & State

Cocoa Beach FL

Zip

32931

Country

Brevard

Zip

32931

Country

Brevard

6. Name and Address of Current Registered Agent

**CHAPMAN, ROBERT
2425 N. COURTNEY PKWY #16
MERRITT ISLAND FL 32953**

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

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) ☐

**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

TITLE **P** ☐ Delete
NAME **CHAPMAN, ROBERT**
STREET ADDRESS **664 MILLWHEEL DR.**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **S** ☐ Delete
NAME **CHAPMAN, JANET**
STREET ADDRESS **664 MILLWHEEL DR.**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2001

Date

321-799-1775

Daytime Phone #

CR2E034 (10/00)