

2002 UNIFORM BUSINESS REPORT (UBR)

0016988 AV

DOCUMENT # F00000005501

1. Entity Name
NATURAL HEALTH ALTERNATIVES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT -4 PM 4:20

Principal Place of Business
1980 N ATLANTIC AVE
SUITE 630
COCOA BEACH FL 32931

Mailing Address
1980 N ATLANTIC AVE
SUITE 630
COCOA BEACH FL 32931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

779 E. Merritt Island Cswy

Suite, Apt. #, etc.
Box 570

City & State
Merritt Island FL.

Zip
32952

Country
USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 88-0469206

Applied For
Not Applicable

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

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 Richard Torpy
Street Address (P.O. Box Number is Not Acceptable)
202 N. Harbor City Blvd
Suite #300
City Melbourne FL Zip Code 32935

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard Torpy*

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME CHAPMAN, ROBERT
STREET ADDRESS 664 MILLWHEEL DR.
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

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

TITLE D
NAME JACQUELINE CARO
STREET ADDRESS 1604 MILLWHEEL DR
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600008336366
-10/11/02--01065--009
*****550.00 *****550.00

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)