

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000002548

FILED
Apr 24, 2003
Secretary of State

Entity Name: HEALTH PLUS INTERNATIONAL OF NEVADA INCORPORATED

Current Principal Place of Business:

1801 S. FEDERAL HWY, SUITE 223
DELRAY BEACH, FL 33483

New Principal Place of Business:

New Mailing Address:

429 SE 13TH COURT
I-200
DEERFIELD BEACH, FL 33441

Current Mailing Address:

1801 S. FEDERAL HWY, SUITE 223
DELRAY BEACH, FL 33483

FEI Number: 88-0381235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVETT, DONALD A
TUSCANY C 183
DELRAY BEACH, FL 33446 US

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: PDT () Delete
Name: VAN DE CASTEELE, RUSSELL
Address: 1801 S. FEDERAL HWY, SUITE 223
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: DAVETT, DONALD
Address: TUSCANY C 183
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: BERGER, RICHARD
Address: 4500 MERCIL TERRACE
City-St-Zip: GLEN ALLEN, VA 23060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: VAN DE CASTEELE, RUSSELL
Address: 429 SE 13TH COURT SUITE I-200
City-St-Zip: DEERFIELD BEACH, FL 33441

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: RUSSELL VAN DE CASTEELE

PDT

04/24/2003

Electronic Signature of Signing Officer or Director

Date