2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J23357 **DOCUMENT #**

HOLISTIC HEALTH CONCEPTS, INC.



Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90118 032 ***150.00 **FILED**

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	Country Zip Cou				ry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. 1	Name and Address of New Registere	d Agent		
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PRINGS FI	_ 32708			ſ							
				City			F	L Zip Cod	e		
		t for the purp	oose of changing its	registere	d office or	register	ed age	ent, or both, in the State of Florida. I ar	n familiar with,	and accept	
Signature, typed	or printed name of registered ag-	ent and title if app	olicable. (NOTI	E: Registered	Agent signat	ure required	when re	pinstating) DATE			
May 1, 200	3 Fee will be \$550.0				•			Election Campaign Financing Trust Fund Contribution.		0 May Be	
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	#, etc. #, etc. #, etc. # SPRINGS FI named entitions of regist May 1, 200 Payable to DP KENNEDY 1034 PEB	Country 6. Name and Address of Curre 7, JOHN E BLE BEACH CIR. W. PRINGS FL 32708 Inamed entity submits this statementions of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. PRINGS FL 32708 ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 PRINGS FL 32708 OFFICERS AND DP KENNEDY, JOHN E 1034 PEBBLE BEACH CIRCLE	WAY ST P O OVIE US lace of Business 3. Ma #, etc. Suit # country Zip 6. Name and Address of Current Register 7, JOHN E BLE BEACH CIR. W. SPRINGS FL 32708 named entity submits this statement for the purplions of registered agent. Signature, typed or printed name of registered agent and title if apprinted in the purplions of the purplions	P O BOX 620605 OVIEDO FL 32762-605 US lace of Business 3. Mailing Address #, etc. City & State Country City & State City & Stat	WAY ST P O BOX 620605 OVIEDO FL 32762-605 US lace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. Country Zip Count 6. Name and Address of Current Registered Agent 7. JOHN E BLE BEACH CIR, W. SPRINGS FL 32708 Signeture, typed or printed name of registered agent and title if applicable. (NOTE Registered cons of registered agent.) ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS DP KENNEDY, JOHN E 1034 PEBBLE BEACH CIRCLE, WEST WINTER SPRINGS FL 32708 Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete	e of Business WAY ST P O BOX 620805 OVEDO FL 32762-605 US lace of Business 3. 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Box Number is Not Acceptable) Printing FE 18 S150.00 May 1, 2003 Fee will be \$550.00 May 1, 2003	MALE OF BUSINESS WAY ST P O BOX 60X05 US 3. Mailing Addross #, etc. Suite. Apt. #, etc. City & State Country Zip Country Zip Country S. Centificate of Status Desired \$4. FEI Number 59-2748552 \$8.75 Ab Fee Require Street Address of Current Registered Agent Namo Namo Namo Namo Namo Namo City Street Address (P.O. Box Number is Not Acceptable) FL Zip Country Street Address (P.O. Box Number is Not Acceptable) DOTE Registered Agent Namo OFFICERS AND DIRECTORS DP WMY 1, 2003 Fee will be \$550.00 Physible to Florida Department of State DP CHICKES AND DIRECTORS DP CITY STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS R 32708 Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS R 32.708 Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS R 2.2708 Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS R 2.2708 Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS R, FLORIAN 3 2-708 Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS R, FLORIAN 3 2-708 Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS R, FLORIAN 3 2-708 Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS R, FLORIAN 3 2-708 Delete TILE NAME STREET ADDRESS OTY-ST-ZP Delete STREET ADDRESS OTY-ST-ZP Delete STREET ADDRESS OTY-ST-ZP Delete STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS R Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS R Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS STREET ADDRESS OTY-ST-ZP Delete TILE NAME STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS STREET ADDRESS OTY-ST-ZP UNINTER SPRINGS STREET ADDRESS OTY-ST-ZP OTHER Delete TILE STREET ADDRESS OTY-ST-ZP OTHER Delete TILE STREET ADDRESS OTY-ST-ZP OTHER Delete TILE STREET ADDRESS OTY-ST-ZP OTHER DELETE DELETE TO STREET STREET CHARLES STREET C	

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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

ZOUTOFILE, KERNEDY