

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90176 041 ***150.00

DOCUMENT # K07823

1. Entity Name
HEALTHY PRODUCTS, INC.



Principal Place of Business

**2920 NW 106 AVE
CORAL SPRINGS FL
33065**

Mailing Address

**101 WILLOW LAKE DRIVE
ASHEVILLE NC 28805
US**



2. Principal Place of Business

**8567 Coral Way
Suite, Apt. #, etc.
330**

3. Mailing Address

above
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL

City & State

above

4. FEI Number **65-0020189**

Applied For
☐ Not Applicable

Zip
33155

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**MATLIN, BRIAN
7890 CORAL WAY
MIAMI FL 33155**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STANCHICH, LINO**
STREET ADDRESS **2920 NW 106 AVE.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **V** ☐ Delete
NAME **QUINCANNON, JANE**
STREET ADDRESS **2920 NW 106 AVE.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **L. Stanchich**
STREET ADDRESS **101 Willow Lake Dr.**
CITY-ST-ZIP **Asheville, NC 28805**

TITLE **V** ☒ Change ☐ Addition
NAME **Jane Quincannon**
STREET ADDRESS **101 Willow Lake Dr.**
CITY-ST-ZIP **Asheville, NC 28805**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane L. Quincannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03 (829) 299-8657
Date Daytime Phone #

CR2E034 (10/02)