

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L11790

1. Entity Name

TRANS-PACIFIC HEALTH PRODUCTS, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90067 030 ***150.00

723171



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2831 RINGLING BLVD STE 115-D SARASOTA FL 34237 US	2831 RINGLING BLVD STE 115-D SARASOTA FL 34237 US

2. Principal Place of Business	3. Mailing Address
4439-A 54TH AVE N.	P.O. BOX 33019
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
ST. PETERSBURG, FL	ST. PETERSBURG, FL
Zip	Zip
33714	33733
Country	Country
USA	USA

4. FEI Number	59-2985071	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HALLOCK, ANTHONY 2831 RINGLING BLVD STE 115-D SARASOTA FL 34237

7. Name and Address of New Registered Agent
Name MARTIN S. JONES
Street Address (P.O. Box Number is Not Acceptable) 7746 - 166TH ST N.
City PINELLAS PARK
FL
Zip Code 33781

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 <i>Martin S. Jones</i>	MARTIN S. JONES	2-16-01
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)	<input type="checkbox"/>	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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLOCK, ANTHONY	NAME	
STREET ADDRESS	4174 CENTRAL SARASOTA PKWY #228	STREET ADDRESS	61 HARKNESS DRIVE
CITY-ST-ZIP	SARASOTA FL 34238	CITY-ST-ZIP	MADISON, CT 06443
TITLE	STD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK-HALLOCK, SUSAN	NAME	
STREET ADDRESS	4174 CENTRAL SARASOTA PKWY #228	STREET ADDRESS	61 HARKNESS DRIVE
CITY-ST-ZIP	SARASOTA FL 34238	CITY-ST-ZIP	MADISON, CT 06443
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Anthony Hallock</i>	ANTHONY HALLOCK 2-26-01 727-541-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Day/mo/Phone #

CR2E034 (10/00)