

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004821

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: SMOKE-FREE FOR HEALTH, INC.

Current Principal Place of Business:

605 E. ROBINSON ST., STE. 530
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 530106
ORLANDO, FL 328530106

New Mailing Address:

FEI Number: 59-3729799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERSTATE REGISTERED AGENT CORPORATION
315 S. CALHOUN ST., STE. 600
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR () Change (X) Addition
Name: JENNIE, COOK
Address: 170 PIEDMONT COURT
City-St-Zip: LARKSPUR, CA 94939 US

Title: DIR () Change (X) Addition
Name: BARRY, BENNETT ESQ.
Address: P.O. BOX 860
City-St-Zip: WINTER HAVEN, FL 33882 US

Title: DT () Change (X) Addition
Name: C.J., DRAKE
Address: P.O. BOX 530106
City-St-Zip: ORLANDO, FL 32853 US

Title: PRES () Change (X) Addition
Name: MARTIN, LARSEN
Address: 10221 TAFT STREET, SUITE 2
City-St-Zip: PEMBROKE PINES, FL 30326 US

Title: SEC () Change (X) Addition
Name: LARRY, SERLO
Address: 224 N.E. 32ND COURT
City-St-Zip: OAKLAND PARK, FL 33334 US

Title: TRES () Change (X) Addition
Name: JAMES, DIXON CPA
Address: P.O. BOX 3225
City-St-Zip: SEMINOLE, FL 33775 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.J. DRAKE

DT

04/23/2002

Electronic Signature of Signing Officer or Director

Date

ROBERT E. WINDOM M.D., DIRECTOR
5450 EAGLES POINT CIR.
SARASOTA, FL 34231