

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008723

FILED  
May 20, 2003  
Secretary of State

Entity Name: HEALTHYLIVING FOUNDATION, INC.

**Current Principal Place of Business:**

901 TOWN HALL AVENUE  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

901 TOWN HALL AVENUE  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINETTE, PAT  
129 CENTER STREET  
JUPITER, FL 33458    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:                      D                      ( ) Delete  
Name:                      KARPINIA, WALTER R  
Address:                      1104 172ND PLACED NORTH  
City-St-Zip:                      JUPITER, FL 33478

Title:                      D                      ( ) Delete  
Name:                      KARPINIA, SUZANNE DENISE  
Address:                      1104 172ND PLACED NORTH  
City-St-Zip:                      JUPITER, FL 33478

Title:                      D                      ( ) Delete  
Name:                      EDENBURG, IGNACIO  
Address:                      901 TOWN HALL AVENUE  
City-St-Zip:                      JUPITER, FL 33458

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      D                      ( ) Change (X) Addition  
Name:                      ROBINETTE, PATRICIA A  
Address:                      129 CENTER STREET  
City-St-Zip:                      JUPITER, FL 3458

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: PAT ROBINETTE

D

05/20/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date