

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90131 037 ***158.75

DOCUMENT # P00000000828

1. Entity Name

HEALTH SOLUTIONS 2000, INC.

Principal Place of Business

4265 QUECHUA RD.
COCOA FL 32927

Mailing Address

4265 QUECHUA RD.
COCOA FL 32927

2. Principal Place of Business

1703 Watrous Dr.
Suite, Apt. #, etc.

3. Mailing Address

1703 Watrous Dr.
Suite, Apt. #, etc.

City & State

Titusville

City & State

Titusville FL

4. FEI Number

59-3646227

Applied For

Not Applicable

Zip

32780

Country

USA

Zip

32780

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRARO, CARMINE
4265 QUECHUA RD.
COCOA FL 32927

7. Name and Address of New Registered Agent

Name

Harry Fowler

Street Address (P.O. Box Number is Not Acceptable)

1703 Watrous Drive

City

Titusville

FL

Zip Code

32780

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

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

V.P. Sec. HARRY C. FOWLER

01-19-01

(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)

☐

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.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERRARO, CARMINE	
STREET ADDRESS	4265 QUECHUA RD.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D. President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis Fowler	
STREET ADDRESS	1703 Watrous Dr Titusville, FL	
CITY-ST-ZIP		
TITLE	D. VP/Secretary/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Fowler	
STREET ADDRESS	1703 Watrous Drive Titusville, FL	
CITY-ST-ZIP	32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V.P. Sec. 01-19-01 268-8026

CR2E034 (10/00)