

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-16-2003 90045 001 ***150.00

DOCUMENT # P00000028764

1. Entity Name
LIFESOURCE NATURALS HEALTH PRODUCTS, INC.



Principal Place of Business
**318 GREEK ACRES ROAD
UNIT 8
FORT WALTON BEACH FL 32547**

Mailing Address
**318 GREEK ACRES ROAD
UNIT 8
FORT WALTON BEACH FL 32547**

55052644

2. Principal Place of Business
318 GREEN ACRES ROAD

3. Mailing Address
318 GREEN ACRES ROAD

Suite, Apt. #, etc.
Unit 8

Suite, Apt. #, etc.
Unit 8

City & State
FT. WALTON Bch, FL

City & State
FT. WALTON Bch, FL

4. FEI Number
59-3632702

Applied For
☐ Not Applicable

Zip
32547

Country
USA

Zip
32547

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HECKAMAN, MARY
3 REDFORD PLACE
FT. WALTON BEACH FL 32547**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HECKAMAN, ROBERT E
318 GREEN ACRES RD., UNIT 8
FORT WALTON BEACH FL 32547** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HECKAMAN, MARY B
318 GREEN ACRES RD., UNIT 8
FORT WALTON BEACH FL 32547** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
MARY B. HECKAMAN
318 GREEN ACRES ROAD
FORT WALTON BEACH, FLA 32547** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/14/03 850-796-0022
Date Daytime Phone #

CR2E034 (4/03)

Attachment

55052644
#P00000028764
318 GREEN ACRES RD.
UNIT #8
FT. WALTON BCH, FL 32547
USA

LIFESOURCE NATURALS HEALTH PRODUCTS, INC.

Phone 850-862-6061
Fax 850-862-5092

July 24, 2003

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

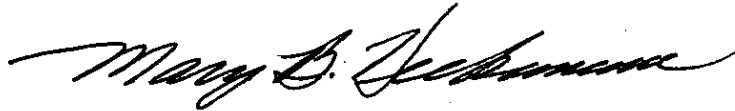
TO WHOM IT MAY CONCERN,

THIS IS TO INFORM YOUR OFFICE THAT WE NEVER RECEIVED THE PRIOR NOTICE TO SUBMIT THE FILING FEE.

ENCLOSED YOU WILL FIND THE \$150.00 FEE THAT WAS ORIGINALLY EXPECTED.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER, PLEASE FEEL FREE TO CONTACT ME, TOLL-FREE, AT 1-877-576-0748.

SINCERLY,



MARY B. HECKAMAN, VICE-PRESIDENT

*This application was filed with check #2453,
which has already cleared our account.*