2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90039 030 ***150.00

DOCUMENT # P00000071336

1. Entity Name
HEALTHY HOME CONCEPTS, INC.

Principal Place of Business	Mailing Address
3461 HARBOUR DR. MT. DORA FL 32757	3461 HARBOUR DR. MT. DORA FL 32757

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1611 E. ALFRED ST	1611 E. ALFRED ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAVARES, FL	City & State: TAVARES, FL
Zip: 32778 Country: USA	Zip: 32778 Country: USA

4. FEI Number: 59-3662453 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUNLAP, JEFFREY D
3461 HARBOUR DR.
MT. DORA FL 32757

7. Name and Address of New Registered Agent

Name: DUNLAP, JEFFREY D
Street Address (P.O. Box Number is Not Acceptable): 1611 E ALFRED ST
City: TAVARES FL Zip Code: 32778

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: JEFFREY D DUNLAP Jeffrey D Dunlap 4/23/01
Signature, type or print name of registered agent and if name appears (Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) X

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNLAP, JEFFREY D 1228 OVERLOOK DR. EUSTIS FL 32726	☐ Delete	PRESIDENT DUNLAP, JEFFREY, D 19712 W ELDORADO DR EUSTIS, FL 32736	X Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEMARES, MARK A 3461 HARBOUR DR. MT. DORA FL 32757	X Delete	VICE PRESIDENT TEMARES, ROBIN D 3461 HARBOUR DR MT. DORA, FL 32757	☐ Change X Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

CR2E034 (10/00)

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.

JEFFREY D DUNLAP Jeffrey D Dunlap 4/23/01 352 253 1418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #