

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90021 002 ***150.00

DOCUMENT # P00000071336

1. Entity Name
HEALTHY HOME CONCEPTS, INC.



Principal Place of Business
1611 E ALFRED STREET
TAVARES FL 32778
US

Mailing Address
1611 E ALFRED STREET
TAVARES FL 32778
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3662453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~DUNLAP, JEFFREY D~~
~~1611 E ALFRED STREET~~
~~TAVARES FL 32778~~

Remove

7. Name and Address of New Registered Agent

Name

ROBIN D TEMARES

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

1611 E. ALFRED STREET

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Robin Temares*
Signature, typed or printed name of registered agent and title if applicable.

ROBIN D. TEMARES

DATE

1/3/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **D** ☒ Delete
NAME **DUNLAP, JEFFREY D**
STREET ADDRESS **19712 WEL DOARDO DRIVE**
CITY-ST-ZIP **EUSTIS FL 32736**

TITLE **V.P. PRESIDENT** ☐ Delete
NAME **TEMARES, ROBIN D**
STREET ADDRESS **3461 HARBOUR DRIVE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V.P.** ☒ Addition
NAME **MARK TEM**
STREET ADDRESS **1611 E. ALFRED ST**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ROBIN D TEMARES**
STREET ADDRESS **1611 E. ALFRED ST**
CITY-ST-ZIP **TAVARES, FL 32778**

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

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

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

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

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: *Mark Temares*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03

Date

352-253-1418

Daytime Phone #

CR2E034 (10/02)