

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90126 036 ***150.00

DOCUMENT # P00000081014

1. Entity Name
HEALTHY RESOLUTIONS, INC.

Principal Place of Business Mailing Address
4770-6 BARNES ROAD 4770-6 BARNES ROAD
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207

P.O. Box 56583 P.O. Box 56583

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
JACKSONVILLE, FL JACKSONVILLE, FL

City & State City & State
32241 USA 32241 USA
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3669166 Not Applicable

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

MCREYNOLDS, PRISCILLA L
4770-6 BARNES ROAD
JACKSONVILLE FL 32207

Name
 Street Address (P.O. Box Number is Not Acceptable)
4131 UNIVERSITY BLVD. S. BLDG 8-B
 City State Zip Code
JACKSONVILLE FL 32216

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$350.00~~
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 IN 11

TITLE Delete
 NAME **D MCREYNOLDS, PRISCILLA**
 STREET ADDRESS **4379 WALNUT BEND**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE Delete
 NAME **D MOUNIB, HANY**
 STREET ADDRESS **SCOTT MILL ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE Change Addition
 NAME _____
 STREET ADDRESS **10933 SCOTT MILL ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Change 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: *Hany Mounib* **HANY MOUNIB**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/01 **02/24/01** *904-733-4503* **904-733-4503**
Date Daytime Phone #

CR2E034 (10/00)