

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90199 008 ***158.75

DOCUMENT # P00000081014

1. Entity Name
HEALTHY RESOLUTIONS, INC.



Principal Place of Business
PO BOX 56583
JACKSONVILLE FL 32241

Mailing Address
PO BOX 56583
JACKSONVILLE FL 32241



2. Principal Place of Business

P.O. Box 23818
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 23818
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3669166

Applied For
Not Applicable

Zip Country
32241 DUVAL

Zip Country
32241 D U.S.A

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

6. Name and Address of Current Registered Agent

MCREYNOLDS, PRISCILLA L
4131 UNIVERSITY BLVD S BLDG 8-B
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
HANY MOUNIB
Street Address (P.O. Box Number is Not Acceptable)
10933 SCOTT MILL ROAD
City JACKSONVILLE FL Zip Code 32223

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. HANY MOUNIB

SIGNATURE *Hany Mounib*
Signature, typed or printed name of registered agent and title if applicable.

01/20/2003
DATE

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D Change Addition
NAME IONE L. MOUNIB
STREET ADDRESS 10933 SCOTT MILL ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE D Delete
NAME MOUNIB, HANY
STREET ADDRESS 10933 SCOTT MILL ROAD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE Change Addition
NAME
STREET ADDRESS JACKSONVILLE, FL 32223
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

TITLE Delete
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 *Hany Mounib* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/2003
Date Daytime Phone #

CR2E034 (10/02)