

FILED

Jun 15, 2001 8:00 am
Secretary of State

05-21-2001 90377 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P P P P P P 94748
1. Entity Name
 Holistic Health Options, INC

Principal Place of Business
 4070 Henschel ST
 #4
 Jacksonville FL, 32210

Mailing Address
 4070 Henschel ST
 #4
 Jacksonville, FL 32210

2. Principal Place of Business
 4070 Henschel STREET

3. Mailing Address
 4070 Henschel STREET

Subs. Apt. #, etc.
 #4

City & State
 Jacksonville FL

City & State
 Jacksonville, FL

4. FEI Number
 59-3676292

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MARK Miller
 6 EAST BAY STREET
 Suite 550
 JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent
 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.

SIGNATURE Gregory PANOK CEO *Gregory Panok* MAY 7, 2001
Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when releasing.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE MONTH-FEE IS \$150.00**
(See criteria on back) 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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GREGORY PANOK 4415-301 ROOSEVELT BLVD #329 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gregory Panok* GREGORY PANOK MAY 7, 2001 904-381-0023
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E004 (11/00)