

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90064 047 ***150.00

DOCUMENT # P01000009695

1. Entity Name
BETTER HEALTH INTERNATIONAL INC.



Principal Place of Business
**5589 E. LONG COMMON COURT
SARASOTA FL 34235**

Mailing Address
**5589 E. LONG COMMON COURT
SARASOTA FL 34235**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1072048**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ZUCCHELLI, RONALD PAUL
5589 E. LONG COMMON COURT
SARASOTA FL 34235**

Name **Elva Jean Zucchelli**

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

5589 E. Long Common Court

City **Sarasota**

FL

Zip Code **34235**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

Elva Jean Zucchelli, Sec/Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	P			<input type="checkbox"/>
	ZUCCHELLI, RONALD PAUL			
	5589 E LONG COMMON COURT			
	SARASOTA FL 34235			
	ST			<input type="checkbox"/>
	ZUCCHELLI, ELVA JEAN			
	5589 E LONG COMMON COURT			
	SARASOTA FL 34235			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Ronald Paul Zucchelli			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2719 Melloway Lane				
	INDIANA, PA 15701				
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Ronald Paul Zucchelli Ronald Paul Zucchelli 3/11/03 800-772-5568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)