

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90035 025 ***150.00

DOCUMENT # P01000053259

1. Entity Name

HEALTHY BEAT, INC.

Principal Place of Business

Mailing Address

~~2707-27TH LN~~~~2707-27TH LN~~**GREENACRES FL 33463****GREENACRES FL 33463**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1107012	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
City & State		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

PUHL, KARA E
2707 27TH LN
GREENACRES FL 33463

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 2002**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 PUHL, KARA E 2707 27TH LN GREENACRES FL 33463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 another name empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02

CR2E034 (9/01)