2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90047 026 ***150.00

DOCUMENT # P01000053259

1. Entity Name
HEALTHY BEAT, INC.

Principal Place of Business	Mailing Address
2707 27TH LN GREENACRES, FL 33463	2707 27TH LN GREENACRES, FL 33463

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11288 54th St N	11288 54th St N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Royal Palm Bch, FL	City & State: Royal Palm Bch, FL
Zip: 33411 Country: Palm Bch	Zip: 33411 Country: Palm Bch

4. FEI Number: 65-1107012 ☐ Applied For ☐ Not Applicable

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

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: Puhl
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kara E Puhl — 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (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	D PUHL, KARA E 2707 27TH LN GREENACRES, FL 33463 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Puhl, Kara E. 11288 54th St N Royal Palm Bch, FL 33411 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Kara E. Puhl — 4/30/03 — 561 333 2753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #