

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 16 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009202070
11/25/02--01058--013 **75.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P010000073083

1. Entity Name

HEATHPOINT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4897 CYPRESS WOODS DRIVE

3. Mailing Address

20 GORDON GODFREY WAY

Suite, Apt. #, etc.

6103

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

HORSFORD, NORWICH, NORFOLK

4. FEI Number

59-3733776

Applied For

Not Applicable

Zip

32811

Country

U S A

Zip

NR10 33G

Country

ENGLAND

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MRS J BROWN

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

12424 BRAXTED DRIVE

City

ORLANDO

FL

Zip Code

32837

DO NOT WRITE
IN THIS SPACE

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

Jacqueline A. Brown

JACQUELINE A. BROWN

NOV 20, 2002

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P
NAME	STEV HEATH
STREET ADDRESS	4897 CYPRESS WOODS DRIVE
CITY-ST-ZIP	ORLANDO, FL, 32811
TITLE	M
NAME	GEORGE HEATH
STREET ADDRESS	4897 CYPRESS WOODS DRIVE
CITY-ST-ZIP	ORLANDO, FL. 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000009202070
12/19/02--01090--002 **75.00

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stev Heath

STEV HEATH

NOV 18 2002

011 441

603 893930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)