

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0188954 AV

DOCUMENT # P01000108178

1. Entity Name  
HEALTHY HOME BUSINESS SYSTEM INC.



FILED

03 OCT -2 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
875 NE 48 ST  
#333  
DEERFIELD BEACH FL 33064

Mailing Address  
875 NE 48 ST  
#333  
DEERFIELD BEACH FL 33064

2. Principal Place of Business

7454 W. MISS MAGGIE DR

3. Mailing Address

7454 W. MISS MAGGIE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
HOMOSASSA, FL.

City & State  
HOMOSASSA FL.

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

Zip  
34448

Country

Zip  
34448

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

DEAN, LESLIE F  
875 NE 48 ST #333  
DEERFIELD BEACH FL 33064

Name  
LESLIE F. DEAN

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

7454 W. MISS MAGGIE DR.

City  
HOMOSASSA

FL

Zip Code  
34448

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 *Leslie F. Dean*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-29-03

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 P ☒ Delete  
NAME DEAN, LESLIE F  
STREET ADDRESS 875 NE 48 ST #333  
CITY-ST-ZIP DEERFIELD BEACH FL 33064

TITLE P ☒ Change ☐ Addition  
NAME DEAN, LESLIE F.  
STREET ADDRESS 7454 WEST MISS MAGGIE DR  
CITY-ST-ZIP HOMOSASSA, FL. 34448

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Leslie F. Dean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-03 352-382-7846

Date

Daytime Phone #

CR2E034 (10/02)

I Did Not Receive The Uniform Business  
Report, Because The Mail Was lost at  
old Address

old Address

875 NE 48 St. #333 Deerfield Beach, FL. 33064

NEW Address

7454 W. MISS MAGGIE DR. HOMOSASSA, FL. 34448

SINCERELY

LESLIE F. DEAN PRES.

Leslie F. Dean PRES.