

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

008662 AV

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP -10 AM 8:00

DOCUMENT # P02000064693

1. Entity Name

HEALTHY GUEST, INC.



Principal Place of Business

458 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

Mailing Address

458 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

☒ Applied For

☐ Not Applicable

4. FEI Number

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

OLIN, MITCHELL J ESQ.
1000 S. ANDREWS AVE.
FT. LAUDERDALE FL 33316

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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
PTD
KROUSE, NEAL
458 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000022925970
03/10/03--01024--010 ***550.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
OLIN, MITCHELL J
1000 S. ANDREWS AVE.
FT. LAUDERDALE FL 33316

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

(94) 418-9445

CR2E034 (4/03)