FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90144 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00010274

DOCUMENT # P02000084679

1. Entity Name
THE BETTER HEALTH AND WELLNESS CORP.

Principal Place of Business	Mailing Address
2175 GLENBROOK CLOSE PALM HARBOR, FL 34683	2175 GLENBROOK CLOSE PALM HARBOR, FL 34683

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1652 Orchardgrove Ave	1652 Orchardgrove Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34655 Country: US	Zip: 34655 Country: US

4. FEI Number: 13-4207782 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROSEN, SIMON
2175 GLENBROOK CLOSE
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent
Name: Nancy Jo Whitener
Street Address (P.O. Box Number Is Not Acceptable): 1652 Orchardgrove Avenue
City: New Port Richey FL Zip Code: 34655

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: Nancy Jo Whitener NANCY JO WHITENER, PRES. 3-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Checks 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 NAME: WHITENER, KEN STREET ADDRESS: 1652 ORCHARD GROVE CITY-ST-ZIP: NEW PORT RICHEY, FL 34656	☒ Delete		TITLE: VICE-PRESIDENT NAME: KEN WHITENER STREET ADDRESS: 1652 ORCHARDGROVE AVE. CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	☒ Change ☐ Addition
TITLE: P NAME: WHITENER, NANCY STREET ADDRESS: 1652 ORCHARD GROVE CITY-ST-ZIP: NEW PORT RICHEY, FL 34656	☒ Delete		TITLE: PRESIDENT NAME: NANCY JO WHITENER STREET ADDRESS: 1652 ORCHARDGROVE AVE. CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ 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: Nancy Jo Whitener NANCY JO WHITENER, PRESIDENT 3-30-03 (727)375-5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #