2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P02000087734

Mailing Address

1230 ELEGANCE CT

ORLANDO FL 32828

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1. Entity Name HEALTH AND PROSPERITY, INC.

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

POOLE, WILLIAM F IV

195 WEKIVA SPRINGS RD 204 LONGWOOD FL 32779

Suite, Apt. #, etc.

City & State

Zip

1230 ELEGANCE CT

ORLANDO FL 32828



Country

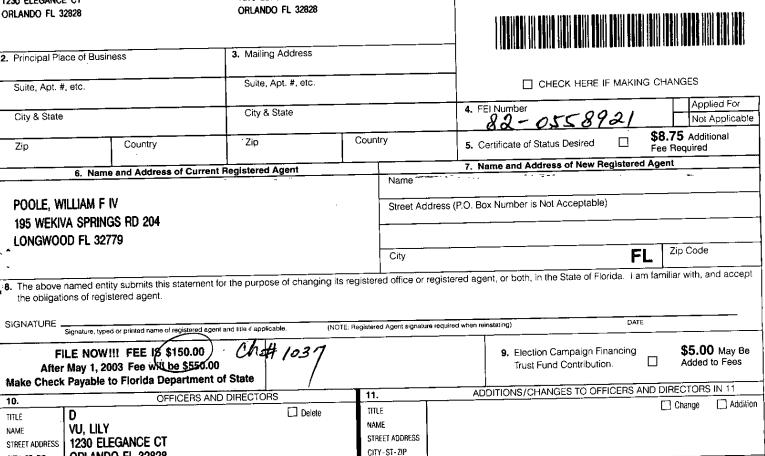
Name

City

FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90122 007 ***150.00

ΑΛΟυσου**ν**



| SIGNATURE _ | Signature, typed or printed name of registered agent and title if an | oplicable. (NOTE | : Registered Agent signature required | when reinstating) | TE | |
|--|--|------------------|--|--|----------|-------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | Election Campaign Financing Trust Fund Contribution. | Added | May Be to Fees |
| 10. | OFFICERS AND DIRECT | ORS | 11. | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VU, LILY 1230 ELEGANCE CT ORLANDO FL 32828 | ☐ 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 | |
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| TITLE NAME STREET ADDRESS | certify that the information supplied with this fill | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition |

of the corporation or the receiver or trustee empowered to execute this report as requi changed, or on an attachment with an address,

SIGNATURE: