

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90736 046 ***150.00

DOCUMENT # P02000111438

1. Entity Name
THE HEALTHY CHEF, INC.



Principal Place of Business
1915 STANLEY STREET
ORLANDO FL 32803
US

Mailing Address
1915 STANLEY STREET
ORLANDO FL 32803
US



2. Principal Place of Business

619 N. Eola Drive

Suite, Apt. #, etc.

3. Mailing Address

619 N. Eola Drive

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32803 **Country**
US

Zip
32803 **Country**
US

4. FEI Number **90-0064278** ☐ CHECK HERE IF MAKING CHANGES

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PROCACCI, JOHN A P
1915 STANLEY STREET
ORLANDO, FL FL 32803

7. Name and Address of New Registered Agent

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 *John A. Proccaci*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/03
DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PROCACCI, JOHN A**
STREET ADDRESS **1915 STANLEY STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VP** ☐ Delete
NAME **PROCACCI, WENDY A**
STREET ADDRESS **1915 STANLEY STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *John A. Proccaci*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03
Date

407-872-1881
Daytime Phone #

CR2E034 (10/02)