

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90011 039 ***550.00

DOCUMENT # P93000020745
 1. Entity Name
HEALTH CRAVE, INC.

Principal Place of Business Mailing Address
815 E. BLOOMINGDALE AVE **815 E. BLOOMINGDALE AVE**
BRANDON FL 33511 **BRANDON FL 33511**

00061212



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
825 E. Bloomingdale **5420 Durant Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Brendon, FL **Dover, FL**

4. FEI Number Applied For
59-3194045 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 33511 Country **33527** Country

6. Name and Address of Current Registered Agent
GREGORY, DAVID J
815 E. BLOOMINGDALE AVE
BRANDON FL 33511

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
825 E. Bloomingdale ave.
Brandon, FL 33511

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GREGORY, DAVID J	
STREET ADDRESS	804 BEVERLY DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David J Gregory
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/9/01 (813) 654-8022
 Date Daytime Phone #

UBR0034 (5/01)