2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State DOCUMENT # P95000017074 1. Entity Name 05-15-2002 90029 046 ***150.00 HEALTHYHOME.COM, INC. Principal Place of Business Mailing Address 1403-A CLEVELAND ST 1403-A CLEVELAND ST **CLEARWATER FL 33755 CLEARWATER FL 33755** US 2. Principal Place of Business 3. Mailing Address 2435 9th Street North <u>2435 9th Street Nörth</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3304149 St. Petersburg, FL St. Petersburg, FL Not Applicable Zip \$8.75 Additional 33704 33704 5. Certificate of Status Desired Pinellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent =Name==== INGRAM, KAREN R. Street Address (P.O. Box Number is Not Acceptable) 728 68TH AVE SOUTH SAINT PETERSBURG FL 33705 City 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. SIGNATURE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME INGRAM, KAREN NAME STREET ADDRESS 728 68TH AVE SOUTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33705 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME SANDERSON, ROBERT NAME STREET ADDRESS 288 BEACH DRIVE STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME CHASM, THOMAS NAME CHASM, THOMAS STREET ADDRESS 288 BEACH DRIVE STREET ADDRESS 2512 LYNN LAKE CIRCLE S, APT A CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP SAINT PETERSBURG, FL:33712 TITI F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED