

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001661

1. Entity Name
THE HEALTHY GOURMET, INC

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90069 042 ***150.00

Principal Place of Business

205 JOEL BLVD
LEHIGH FL 33972
US

Mailing Address

3840 ELLIS ROAD
FT MYERS FL 33904
US

646177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1305 HOMESTEAD RD
SUITE 104

3. Mailing Address

Suite, Apt. #, etc.

City & State

LEHIGH FL

City & State

Zip

33936

Country

Zip

Country

4. FEI Number 65-0643102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRICKE, CARL
3840 ELLIS ROAD
FT MYERS FL 33905

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME FRICKE, CARL A
STREET ADDRESS 3840 ELLIS RD
CITY-ST-ZIP FT MYERS FL 33905 ☐ Delete

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

TITLE DS
NAME FRICKE, AMBER
STREET ADDRESS 3840 ELLIS RD
CITY-ST-ZIP FT MYERS FL 33905 ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01
Date

941-694-5278
Daytime Phone #

CR2E034 (10/00)