

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P97000017980

1. Entity Name

HEALTH FRUITION NETWORK, INC. ✓

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90057 027 ***150.00

Principal Place of Business

Mailing Address

1780 72ND AVENUE

1780 72ND AVENUE

ST PETERSBURG, FL 33702

ST PETERSBURG, FL

33702-4712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593427674

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

KINARD, BRENDA S.

Name

1780 72ND AVENUE

Street Address (P.O. Box Number is Not Acceptable)

ST PETERSBURG, FL 33702

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 re-appointing)

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 State10. 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	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
DIRECTOR	BRENDA S KINARD	1780 72ND AVENUE	ST PETERSBURG FL 33702	☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
				☐

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

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

BRENDA S KINARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01 727-821-9997

Date

Daytime Phone #