

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90094 016 ***150.00

DOCUMENT # P97000105191

1. Entity Name

FINANCIAL HEALTH ASSOCIATES, INC.

Principal Place of Business

~~2525 OLD OKEECHOBEE~~
~~#3~~
~~WEST PALM BEACH FL 33409~~
~~US~~

Mailing Address

6542 HYPOLUXO RD
 PMB 304
 LAKE WORTH FL 33467
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

~~USA~~

~~33467~~

~~USA~~

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERTZ, CHRISTOPHER C
7394 MICHIGAN ISLE ROAD
LAKE WORTH FL 33467

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

Chris Mertz, CEO

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

(If not a registered agent signature required when reinstating)

DATE

1/8/01

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 **D** ☐ Delete
 NAME **MERTZ, CHRISTOPHER C**
 STREET ADDRESS **7394 MICHIGAN ISLE ROAD**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE ☐ Delete
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 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 another like empowered.

SIGNATURE:

Chris Mertz, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/01 (561) 967 9009

CR2E034 (10/00)