

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002928

1. Entity Name

HEALTHY FOCUS, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90915 035 \*\*\*150.00

0426820

Principal Place of Business

Mailing Address

31608 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

31608 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

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 59-3561370

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

WILSON, WARREN A III  
31608 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

Name DAN P. MONTZKA  
Street Address (P.O. Box Number is Not Acceptable)  
17 BIRDIE LN

City PALM HARBOR FL Zip Code 34683

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

4/21/01

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  
NAME WILSON, WARREN A III  
STREET ADDRESS 31608 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34684 ☒ Delete

TITLE D.P.  
NAME DAN P. MONTZKA  
STREET ADDRESS 17 BIRDIE LN  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01 727-736-7799  
Date Daytime Phone #

CR2E034 (10/00)