

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90134 043 ***150.00

DOCUMENT # P99000032903

1. Entity Name

HEALTHY OUTCOMES TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

~~2027 SOUTHWEST 83RD COURT~~
~~GAINESVILLE FL 32607-3664~~

~~2827 SOUTHWEST 83RD COURT~~
~~GAINESVILLE FL 32607-3664~~

2. Principal Place of Business

466 SE 31 Way

Suite, Apt. #, etc.

3. Mailing Address

466 SE 31 Way

Suite, Apt. #, etc.

City & State

Melrose FL

City & State

Melrose FL

Zip

Country

32666

USA

Zip

Country

32666

USA

4. FEI Number

59-3573965

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

KRUEGER, SCOTT DAVID
2790 NW 43RD ST., STE. 200
GAINESVILLE FL 32606

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 **D** ☐ Delete
NAME **BENN, DOUGLAS**
STREET ADDRESS **2027 SOUTHWEST 83RD COURT**
CITY-ST-ZIP **GAINESVILLE FL 32607-3664**

TITLE **P** ☒ Change ☐ Addition
NAME **BENN, DOUGLAS**
STREET ADDRESS **466 SE 31 Way**
CITY-ST-ZIP **Melrose, FL 32666**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **Stephen H. Kostewicz**
STREET ADDRESS **6101 NW 30th Terr**
CITY-ST-ZIP **Gainesville FL 32653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **DANKEL, DOUGLAS**
STREET ADDRESS **620 SW 75 Terrace**
CITY-ST-ZIP **Gainesville FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Douglas Benn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01
Date

352-392-5210
Daytime Phone #

CR2E034 (10/00)

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