

DOCUMENT # P99000064955

1. Entity Name

HEALTH PRODUCTS FROM ROSANNE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 23 PM 12:11

00008578



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
* STEPHEN G. WILLIAMS * STEPHEN G. WILLIAMS
2650 NE 52ND STREET 2650 NE 52ND STREET
LIGHTHOUSE POINT FL 33064-7052 LIGHTHOUSE POINT FL 33064-7052

2. Principal Place of Business 3. Mailing Address
1214 SE 12TH AVE 1214 SE 12TH AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Deerfield Beach FL Deerfield Beach FL
Zip Country Zip Country
33441 33441

4. FEI Number Applied For
65 0934033 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, STEPHEN G
2650 NE 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code 33441

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 X Rosanne Divitto Rosanne DiVitto President X 1/11/00
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. ☒ FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DIVITTO, ROSANNE 1214 SE 12TH AVENUE DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X Rosanne Divitto Rosanne DiVitto X 1/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)