

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/24/22

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90101 049 \*\*\*150.00

**DOCUMENT # P99000082008**

1. Entity Name

HEALTH INSIDE OUT INC.

Principal Place of Business

27062 KINGLEWOOD LN  
 BONITA SPRINGS FL 34134

Mailing Address

27062 KINGLEWOOD LN  
 BONITA SPRINGS FL 34134-4369

2. Principal Place of Business

10823 Tamiami Trail N.  
 Suite, Apt. #, etc.

3. Mailing Address

27062 Kinglewood LN  
 Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Bonita Springs

4. FEI Number

59-3606350

Applied For

Not Applicable

Zip

34108

Country

Collier

Zip

34134

Country

Lee

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CHALFANT, JOHN M  
 27062 KINGLEWOOD LN  
 BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

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

*John M. Chalfant*

Signature, typed or printed name of registered agent and valid 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)

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**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.

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\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

☒

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	John M. Chalfant
CITY-ST-ZIP	27062 Kinglewood LN Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*John M. Chalfant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

(941) 513-2010

Office Phone #

CR215034 (03/99)