2004 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am DOCUMENT # **P99000098385** Secretary of State SPIRITUAL HEALER, INC. 05-11-2001 90136 026 ***150.00 Principal Place of Business Mailing Address 4300-10TH AVE., NORTH: STE:1 4300 10TH AVE NORTH STE1 LAKE WORTH FL 33461. LAKE-WORTH-FL 33461 See New Address 2. Principal Place of Business 3. Mailing Address 205 WORTH 205 WORTH Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE 201 201 City & State City_& State 4. FEI Number Applied For **NOT APPLICABLE** Beach PAIM Not Applicable Country PAIN BOACK \$8.75 Additional Palm Beach 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Note Dee Hyphon between Brown-Widell BROWN-WIDELL, BONNIE-SUE 205 Worth Ave. S201 Street Address (P.O. Box Number is Not Acceptable) PAIM BEACK, \$1 33480 4300-10TH-AVE., NORTH, STE: 1 LAKE WORTH FL 33481 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD See Hyphen in NAMe TITLE ☐ Delete TITLE Change Addition **BROWN-WIDELL, BONNIE-SUE** NAME NAME 205 WORTH AME SZO STREET ADDRESS 4300 10TH AVE., NORTH, STE: 1 STREET ADDRESS Palm Beach, 813 CITY-ST-7IP \$128-85-ZIP **LAKE WORTH FL 33461** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

BOANES SUE PRODUCTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

561-855-0229

Daytime Phone #