

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 453303

1. Entity Name

ECONOMY HEALTH-FOOD SALES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90013 038 ***150.00

Principal Place of Business Mailing Address
1035 ACADEMY DR. 1035 ACADEMY DR.
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-2879
US US

00003713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number 59-1562682 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOOVER, BARBARA F.
1766 SWEETWATER WEST CIRCLE
APOPKA FL 32712

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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, 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
TITLE NAME ☐ Delete
D HOOVER, ROBERT T.
STREET ADDRESS 1766 SWEET WATER WEST CIRCLE
CITY-ST-ZIP APOPKA FL 32712
TITLE NAME ☐ Delete
S HOOVER, BARBARA F.
STREET ADDRESS 1766 SWEETWATER WEST CIRCLE
CITY-ST-ZIP APOPKA FL 32712
TITLE NAME ☐ Delete
TITLE NAME ☐ Delete
TITLE NAME ☐ Delete
TITLE NAME ☐ Delete
TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
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: Robert T. Hoover 1-7-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #