

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G94320

1. Entity Name

HOLISTIC HEALTH SERVICES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90103 009 ***158.75

Principal Place of Business

2915 S.R. 590
SUITE 17
CLEARWATER FL 33759
US

Mailing Address

2915 S.R. 590
SUITE 17
CLEARWATER FL 33759
US

change of address

change of address

2. Principal Place of Business

4451-A S. Pine Ave.
Suite, Apt. #, etc.

3. Mailing Address

4451-A S. Pine Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-2487633

Applied For

Not Applicable

Zip

34480

Country

U.S.A.

Zip

34480

Country

U.S.A.

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

BAKER, MARY RUTH
3130 THOMAS ROAD
CLEARWATER FL 33759

moved new address

Name: MARY RUTH BAKER

Street Address (P.O. Box Number is Not Acceptable)
10505 S.E. 25th Ave.

City: Ocala, FL

FL

Zip Code: 34480

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, 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	P	<input type="checkbox"/> Delete
NAME	BAKER, MARY RUTH	<i>New Address →</i>
STREET ADDRESS	3130 THOMAS ROAD	
CITY-ST-ZIP	CLEARWATER FL 33759	
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
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MARY RUTH	<i>of address</i>
STREET ADDRESS	10505 S.E. 25th Ave.	
CITY-ST-ZIP	Ocala, FL. 34480	
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		
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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: *MARY RUTH BAKER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000
Date

352
401-0303
Daytime Phone #

CR2E034 (9/99)