

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G94320**

1. Entity Name

**HOLISTIC HEALTH SERVICES, INC.****FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90078 023 \*\*\*158.75

Principal Place of Business

**4451-A S. PINE AVE  
OCALA FL 34480  
US**

Mailing Address

**4451-A S. PINE AVE  
SUITE 17  
OCALA FL 34480  
US**

00010528

2. Principal Place of Business

**SAME**

3. Mailing Address

**4451-A S. Pine Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**OCALA, FL.**

Zip

Country

Zip

Country

**34480****U.S.A.**

4. FEI Number

**59-2487633**

Applied For

Not Applicable

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  
10505 S.E. 25TH AVE  
OCALA FL 34480**

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

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BAKER, MARY RUTH</b>	
STREET ADDRESS	<b>10505 S.E. 25TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL 34480</b>	
TITLE		<input type="checkbox"/> Delete
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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

*Mary Ruth Baker*

Date

1/17/2001 (352) 401-0303

Daytime Phone #

CR2E034 (10/00)