

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**  
 03-27-2000 90077 036 \*\*\*150.00

**DOCUMENT # P20685**

1. Entity Name

**HOSPITAL HOUSEKEEPING SYSTEMS OF HOUSTON, INC.**

Principal Place of Business

1601 EAST BAY DR  
 #2  
 LARGO FL 33771  
 US

Mailing Address

1601 EAST BAY DRIVE  
 #2  
 LARGO FL 33771-5616  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**74-1919389**

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

**FLOYD, ROBERT R.**  
**504 CREEKVIEW CT.**  
**LARGO FL 34640**

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, 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	V	<input type="checkbox"/> Delete
NAME	SPRY, THOMAS D., JR.	
STREET ADDRESS	15003 CROFTWOOD	
CITY-ST-ZIP	HOUSTON TX	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLOYD, ROBERT R., JR.	
STREET ADDRESS	504 CREEKVIEW CT.	
CITY-ST-ZIP	LARGO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLMES, CRAIG	
STREET ADDRESS	2217 DONATO DR	
CITY-ST-ZIP	BELLAIRE BCH FL 34636	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRY, JAMES D.	
STREET ADDRESS	2305 HARTFORD	
CITY-ST-ZIP	AUSTIN TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	THORNTON, ROY	
STREET ADDRESS	87 WILMINGTON DRIVE	
CITY-ST-ZIP	MONTGOMERY TX	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	LACKEY, KEITH	
STREET ADDRESS	4969 POINTE CIR	
CITY-ST-ZIP	OLDSMAR FL 34677	

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		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL H. Snook	
STREET ADDRESS	121 8TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	

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:

*Joel H. Snook, CFO* **JOEL H. SNOOK**

3/16/00

Date

(727) 584-3018

Daytime Phone #

CR2E034 (9/99)