

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37785

1. Entity Name

DEBORAH S. KOCH, M.S., R.D., NUTRITIONAL SERVICE

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90009 032 ***150.00

Principal Place of Business

408 ST. JOHNS DR.
SATELLITE BEACH FL 32937

Mailing Address

408 ST. JOHNS DR.
SATELLITE BEACH FL 32937

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 22-2692167

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

KOCH, DEBORAH S.
408 ST. JOHNS DR.
SATELLITE BEACH FL 32937

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME KOCH, DEBORAH S.
STREET ADDRESS 408 ST. JOHNS DR.
CITY-ST-ZIP SATELLITE BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME KOCH, DONALD
STREET ADDRESS 408 ST. JOHNS DR.
CITY-ST-ZIP SATELLITE BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME KOCH, DONALD
STREET ADDRESS 408 ST. JOHNS DR.
CITY-ST-ZIP SATELLITE BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-14 (1/00)

P 37785

A0067891

July 11, 2000

Florida Department of State
Division of Corporations

Florida Dept. of State:

Today I received my second notice of 2000 Uniform Business Report. I do not, to the best of my ability, remember receiving the first notice. When I called your office today, I was told by Andy to mail the fee of \$150. Trust me, if I had known about the fee, I would have paid it earlier and at the reduced rate.

Enclosed is a check of \$150.00.

Thank you,



Deborah S. Koch
408 St. Johns Drive
Satellite Beach, FL 32937
321 773 3836