

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010040

1. Entity Name

HEALTH SMART MESSAGE, INCORPORATED

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90102 008 ***150.00

Principal Place of Business

40347 US 19 N
122
TARPON SPRINGS FL 34689
US

Mailing Address

40345 US 19 N
SUITE 122
TARPON SPRINGS FL 34689-4838
US

2. Principal Place of Business

40347 US 19 N

3. Mailing Address

40347 US 19

Suite, Apt. #, etc.

123

Suite, Apt. #, etc.

Suite 123

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

Zip

Country

34689 US

Zip

Country

34689 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3158542

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

HAMBRICK, KATHY

39036 US HWY 19

TARPON SPRINGS FL 34689

Name

Hambrick, Kathy

Street Address (P.O. Box Number is Not Acceptable)

40347 US 19 N

Suite 123

City

Tarpon Springs FL

Zip Code

34689

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

Kathy Hambrick

Kathy Hambrick President

4-28-00

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 PSD ☐ Delete
NAME HAMBRICK, KATHY
STREET ADDRESS 1096 MAINSAIL DR
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE VTD ☐ Delete
NAME GUIN, ISRAEL
STREET ADDRESS 1096 MAINSAIL DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Kathy Hambrick

Kathy Hambrick

4-28-00

727-938 4738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)