

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90098 031 ***150.00

DOCUMENT # P93000015490

1. Entity Name

ALLERGY RELIEF STORES, INC. OF FLORIDA

Principal Place of Business

Mailing Address

ADAMO DR.
 TAMPA 33 33619

10063 ADAMO DR.
 TAMPA 33 33619-2619
 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

59-3168156

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

Name

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

City

FL

Zip Code

PYLE, TERRENCE F
5938 FROND WAY
APOLLO BEACH FL 33572-3126

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 ☐ Delete
 NAME PD
 STREET ADDRESS PETERS, EDWARD A.
 CITY-ST-ZIP 518 E. ANGLEWOOD DR.
 BRANDON FL

TITLE ☒ Change ☐ Addition
 NAME PD
 STREET ADDRESS PETERS, EDWARD A.
 CITY-ST-ZIP 6314 LAKE SWANSEA DR
 APOLLO BEACH FL 33572

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS PETERS, MARY ANN
 CITY-ST-ZIP 518 E. ANGLEWOOD DR.
 BRANDON FL

TITLE ☒ Change ☐ Addition
 NAME SD
 STREET ADDRESS PETERS, MARY ANN
 CITY-ST-ZIP 6314 LAKE SWANSEA DR
 APOLLO BEACH FL 33572

TITLE ☐ Delete
 NAME VPD
 STREET ADDRESS GANDY, RENEE ANN
 CITY-ST-ZIP 1449 TIVERTON DR
 BRANDON FL 33511

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

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS PETERS, SCOTT E.
 CITY-ST-ZIP 7605 RIVERCOURSE DR
 TEMPLE TERRACE 33637

TITLE ☒ Change ☐ Addition
 NAME TD
 STREET ADDRESS PETERS, SCOTT E.
 CITY-ST-ZIP 12309 DAWN VISTA DR
 RIVERVIEW, FL 33569

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

Date

813 653 2232

Daytime Phone #

CR2E034 (9/99)