

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90120 018 ***150.00

DOCUMENT # P93000015490

1. Entity Name

ALLERGY RELIEF STORES, INC. OF FLORIDA

Principal Place of Business

Mailing Address

10053 ADAMO DR.
TAMPA 33 33619
US10053 ADAMO DR.
TAMPA 33 33619
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

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

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 State10. 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 PD
NAME PETERS, EDWARD A.
STREET ADDRESS 518 E. ANGLEWOOD DR.
CITY-ST-ZIP BRANDON FL ☐ DeleteTITLE SD
NAME PETERS, MARY ANN
STREET ADDRESS 518 E. ANGLEWOOD DR.
CITY-ST-ZIP BRANDON-FL ☐ DeleteTITLE VPD
NAME GANDY, RENEE ANN
STREET ADDRESS 1449 TIVERTON DR
CITY-ST-ZIP BRANDON FL 33511 ☐ DeleteTITLE TD
NAME PETERS, SCOTT E.
STREET ADDRESS 7605 RIVERCOURSE DR
CITY-ST-ZIP TEMPLE TERRACE 33637 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS 6314 Lake Sunrise DR
CITY-ST-ZIP Apollo beach FL 33572 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS 6314 Lake Sunrise DR
CITY-ST-ZIP Apollo beach FL 33572 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS 12309 DANA LISTA DR
CITY-ST-ZIP Riverchase FL 33569 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)