

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073181

1. Entity Name

HABITAT HEALTH PRODUCTS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90071 037 ***150.00

Principal Place of Business

200 MAITLAND AVENUE
#152
ALTAMONTE SPRINGS FL 32701

Mailing Address

P.O. BOX 180553
CASSELBERRY FL 32718-0553

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 59-3339274

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, TERRY R
600 DIANE CIRCLE
CASSELBERRY FL 32707

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 | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------|------------------|----------------------|---------------------------------|
| | P BROOKS, TERRY R. | 600 DIANE CIRCLE | CASSELBERRY FL 32707 | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
| | | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
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| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
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| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
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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 #

30 Jan 407 262 1483

CR2E034 (9/99)