

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097312

1. Entity Name

HANG AND SHINE OF CENTRAL FLORIDA, INC.

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

02-10-2000 90062 023 ***150.00

Principal Place of Business

2401 E. GRAVES AVENUE
ORANGE CITY FL 32763

Mailing Address

2401 E. GRAVES AVENUE
ORANGE CITY FL 32763-8502

2. Principal Place of Business

1810 S. Volusia Ave

Suite, Apt. #, etc.

G

3. Mailing Address

1810 S. Volusia Ave

Suite, Apt. #, etc.

G

City & State

Orange City, FL 32763

City & State

Orange City, FL

Zip

32763

Country

Volusia

Zip

32763

Country

Volusia

4. FEI Number

59-3361254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEBOROUGH, JOHN A JR.
1680 SALVADORE STREET
GLENWOOD FL 32720

7. Name and Address of New Registered Agent

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) See ☐

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

TITLE PS
NAME FREEBOROUGH, BARBARA A
STREET ADDRESS 1634 SALVADORE STREET
CITY-ST-ZIP GLENWOOD FL 32720 ☐ Delete

TITLE PS
NAME FREEBOROUGH, JOHN A
STREET ADDRESS 1634 SALVADORE STREET
CITY-ST-ZIP GLENWOOD FL 32720 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
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 like empowered.

SIGNATURE:

John Freeborough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-2000

Date

Daytime Phone #

CR2E034 (9/99)