

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064526

1. Entity Name

ALLERGY RELIEF SUPPLY COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90050 031 ***150.00

Principal Place of Business

Mailing Address

10002 PRINCESS PALM AVE. SUITE 304
 TAMPA FL 33619

10002 PRINCESS PALM AVE. SUITE 304
 TAMPA FL 33619-8371

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3457908

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARRINGTON, THOMAS D JR
 10002 PRINCESS PALM AVE, SUITE 304
 TAMPA FL 33619

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 ☐ Delete
 NAME D
 STREET ADDRESS KLINGHOFFER, MEL
 CITY-ST-ZIP 4604 CLARKSDALE LANE
 BRANDON FL 33511

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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS PETERS, EDWARD A
 CITY-ST-ZIP 518 E ANGLEWOOD DRIVE
 BRANDON FL 33511

TITLE ☒ Change ☐ Addition
 NAME PD
 STREET ADDRESS PETERS, EDWARD A
 CITY-ST-ZIP 6314 LAKE SWANISE DR
 Apollo Beach FL 33572

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00 813 653-2232

Date

Daytime Phone #

CR2E034 (9/99)