

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006604

1. Entity Name

BACK TO BASICS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90077 035 ***150.00

Principal Place of Business

32804 MASSACHUSETTS AVE.
SAN ANTONIO FL 33576

Mailing Address

P.O. BOX 173
SAN ANTONIO FL 33576-0173

2. Principal Place of Business

8515 23rd Street

Suite, Apt. #, etc.

3. Mailing Address

8515 23rd Street

Suite, Apt. #, etc.

City & State

Zephyrhills FL

City & State

Zephyrhills FL

Zip

33540

Country

USA

Zip

33540

Country

USA

4. FEI Number

59-3493594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, DAVID J
14217 3RD. STREET
DADE CITY FL 33523

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) ☒

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 **P** ☐ Delete
NAME **HOLCER, PATRICK**
STREET ADDRESS **32804 MASSACHUSETTS AVE**
CITY-ST-ZIP **SAN ANTONIO FL 33576**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Holcer, Patrick**
STREET ADDRESS **8515 23rd Street**
CITY-ST-ZIP **Zephyrhills FL 33540**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

PAT HOLCER

Date

4-13-00

Daytime Phone #

813-715-0322

CR2E034 (9/99)