

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90044 006 ***150.00

DOCUMENT # P98000013541

1. Entity Name
MARY'S HEALTH HUT, INC.

Principal Place of Business 951 OLD DIXIE HWY. STE A3 VERO BEACH FL 32960	Mailing Address 951 OLD DIXIE HWY. STE A3 VERO BEACH FL 32960-4370
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0825070	Applied For
	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOMARE ACCOUNTING SERVICES, INC. 2303 N US 1, STE 18 FORT PIERCE FL 34946		Name: <u>Joan M. Paquette CPA</u> Street Address (P.O. Box Number is Not Acceptable): <u>Univest Building Ste 301 2770 I.R. Blvd Univest Bldg. Suite 301</u> City: <u>Vero Beach</u> FL Zip Code: <u>32960</u>	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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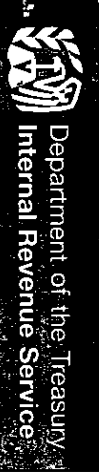
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, MARY E 951 OLD DIXIE HWY, STE A3 VERO BEACH FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary E McMillan _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

148000013541
807045



65-0825070

OMB No. 1545-0029
1999

Form 941-V Payment Voucher

650825070 BY MARY DJ 2 199912 610

MARYS HEALTH HUT INC
951 OLD DIXIE HWY STE A3
VERO BEACH FL 32960-4370

INTERNAL REVENUE SERVICE
PO BOX 105703
ATLANTA GA 30348-5703

\$ **87.53**
Enter the amount of your payment
Make sure your employer identification number
is written on your check or money order.

▶ Use this voucher when making a payment with your tax return.
▶ Do not staple this voucher or your payment to your return.
▶ Do not send cash.
FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE, SEE BACK OF FORM 941.