

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90087 013 ***150.00

DOCUMENT # P98000078274

1. Entity Name

PREVENTION PLUS, INC.

Principal Place of Business Mailing Address
 1913 DURANT ROAD 1913 DURANT ROAD
 VALRICO FL 33594 VALRICO FL 33594-4529

2. Principal Place of Business 3. Mailing Address
 401 N. Parsons Ave 401 N. Parsons Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 106B 106B

City & State City & State
 Brandon FL Brandon FL
 Zip Country Zip Country
 33510 USA 33510 USA

4. FEI Number 59-3533774 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CLIFFORD, BARBARA S
 1913 DURANT ROAD
 VALRICO FL 33594

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 401 N. Parsons Ave 106B
 City Brandon FL Zip Code 33510

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 *Barbara S. Clifford* DATE 4-26-00
 Signature, typed or printed name of registered agent and the 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) ☒ 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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLIFFORD, BARBARA S		NAME	401 N. Parsons Ave	
STREET ADDRESS	1913 DURANT ROAD		STREET ADDRESS	Brandon, FL. 33510	
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLIFFORD, KENNETH L		NAME	KANDI LAMBERT	
STREET ADDRESS	1913 DURANT ROAD		STREET ADDRESS	401 N. Parsons Ave, 106B	
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP	Brandon, FL. 33510	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VANN, DOROTHY E		NAME	12551 VFW Rd.	
STREET ADDRESS	PO BOX 301 N/A		STREET ADDRESS	DADE CITY, FL. 33525	
CITY-ST-ZIP	GIBSONTON FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Barbara S. Clifford* DATE 4-26-00 DAYTIME PHONE # 813-689-8909
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)