

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006854

1. Entity Name

HEALTHY HOUNDS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90142 038 ***150.00

Principal Place of Business

Mailing Address

4101 BAY TO BAY BLVD.
TAMPA FL 33629

4101 BAY TO BAY BLVD.
TAMPA FL 33629-6416

2. Principal Place of Business

9314 BAY TO BAY
Suite, Apt. #, etc.

3. Mailing Address

3314 Bay to Bay
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA, FL

4. FEI Number

59-3556159

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33629

Country

USA

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.

3314 SNIDER, MARIA
~~4101~~ BAY TO BAY BLVD.
TAMPA FL 33629

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

Maria Snider

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-18-00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	SNIDER, MARIA T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3314	4101 BAY TO BAY BLVD.		
	TAMPA FL 33629		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

Maria Snider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 (813) 902-0229

Date

Daytime Phone #

CR2E034 (9/99)