

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000010722**

1. Entity Name

HEAVEN SENT CHRISTIAN SUPPLIES & HEALTH FOODS, I**FILED**
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90022 038 ***150.00

Principal Place of Business

Mailing Address

**2499 ENTERPRISE ROAD
ORANGE CITY FL 32763****2499 ENTERPRISE ROAD
ORANGE CITY FL 32763-7910**

2. Principal Place of Business

3. Mailing Address

2499-m Enterprise Rd**2499-m Enterprise Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORANGE CITY FL

City & State

ORANGE CITY FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32763

Country

USA

Zip

32763

Country

USA5. 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

**FRANCISCO, MIRIAM
2446 ALTON ROAD
DELTONA FL 32739**

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 State10. 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 FRANCISCO, DAN**
STREET ADDRESS **2446 ALTON ROAD**
CITY-ST-ZIP **DELTONA FL 32739**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D FRANCISCO, MIRIAM**
STREET ADDRESS **2446 ALTON ROAD**
CITY-ST-ZIP **DELTONA FL 32739**TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4/15/00 904 774-1882