## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

## 5/. FILED Jul 10, 2000 8:00 am Secretary of State DOCUMENT # P99000023726 1. Entity Name HEALTH & FOOD SAFETY TECHNOLOGIES CORPORATION 05-03-2000 90127 004 \*\*\*158.75 Mailing Address Principal Place of Business 7570 SOUTH FEDERAL HIGHWAY 7570 SOUTH FEDERAL HIGHWAY HYPOLUXO FL 33462-6032 HYPOLUXO FL 33462 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered CHRISTIAN. THEODORE G Street Address (P.O. Box Number is Not Acceptable) 7570 SOUTH FEDERAL HIGHWAY HYPOLUXO FL 33462 City 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: Flegistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Addition DIRECTOR ☐ Change TITLE ☐ Delete TITLE WILLIAM K. QHRISTIAN CHRISTIAN, THEODORE G MAME NAME 7570 S. FEDERAL NAHWAY, SUITE 13 STREET ADDRESS 7570 SOUTH FEDERAL HIGHWAY, SUITE 13 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P HYPOLUXO FL 33462 MARLUXU F1 33 462 ☐ Change ☐ Addition Delete DTI F TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition ☐ Delete TITE F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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 supplimental 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 obscecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if