

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065493

1. Entity Name
EUROHEALTH PRODUCTS, INC.

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

04-26-2000 90039 014 ***150.00

Principal Place of Business
670 8th Court
Vero Beach, FL 32962

Mailing Address
670 8th Court
Vero Beach, FL 32962

2. Principal Place of Business
670 8th Court
Suite, Apt. #, etc.

3. Mailing Address
670 8th Court
Suite, Apt. #, etc.

City & State
Vero Beach, FL

City & State
Vero Beach, FL

Zip
32962

Country
USA

Zip
32962

Country
USA

4. FEI Number
65-0942859

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Susan Hofherr
602 Live Oak Rd.
Vero Beach, FL 32963

7. Name and Address of New Registered Agent

Name
Susan Hofherr

Street Address (P.O. Box Number is Not Acceptable)
670 8th Court

City
Vero Beach

FL

Zip Code
32962

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 SUSAN HOFFHERR DATE 4/18/00

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)

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	<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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUSAN HOFFHERR, PRES 4/18/00 (561) 567-5009