

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081603

1. Entity Name

HEALTH & FOOD SAFETY INTERNET CORPORATION

Principal Place of Business

7570 S FEDERAL HWY, SUITE 13  
HYPOLUXO FL 33462

Mailing Address

7570 S FEDERAL HWY, SUITE 13  
HYPOLUXO FL 33462-6060

2. Principal Place of Business

3. Mailing Address

P.O. Box 850

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

Country

33425

Country

U.S.

4. FEI Number

65-0992516

Applied For

Not Applicable

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

CHRISTIAN, THEODORE G  
7570 S FEDERAL HWY, SUITE 13  
HYPOLUXO FL 33462

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
CHRISTIAN, THEODORE G  
7570 S FEDERAL HWY, SUITE 13  
HYPOLUXO FL 33462

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WILLIAM K. CHRISTIAN  
7570 S. FEDERAL HIGHWAY, SUITE 13  
HYPOLUXO, FL 33462

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
KATHRYN R. CHRISTIAN  
7570 S. FEDERAL HIGHWAY  
HYPOLUXO, FL 33462

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

THEODORE G. CHRISTIAN - THEODORE G. CHRISTIAN - 428-00-547-4351

FILED  
May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90125 026 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)