

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081604

1. Entity Name

HEALTH & FOOD SAFETY RESEARCH CORPORATION

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

05-03-2000 90127 002 ***158.75

Principal Place of Business

Mailing Address

7570 S FEDERAL HWY. SUITE 13
 HYPOLUXO FL 33462

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0992515

Applied For

Not Applicable

Zip

Country

Zip

Country

33425

U.S.

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
 VD
 WILLIAM K. CHRISTIAN
 7570 S. FEDERAL HIGHWAY, SUITE 13
 HYPOLUXO, FL 33462 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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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 4-28-00 561 547-4337

CR2E034 (9/99)