

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000082715****1. Entity Name**
HERBAL PROMISE, INC.**Principal Place of Business**
6715 SOUTH ENGLEWOOD AVENUE
TAMPA FL 33611**Mailing Address**
6715 SOUTH ENGLEWOOD AVENUE
TAMPA FL 33611**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3609817Applied 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**SCHMITT JANICE R
6715 SOUTH ENGLEWOOD AVENUE
TAMPA FL 33611

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)

03/29/2000

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SCHMITT OTTO N
6715 SOUTH ENGLEWOOD AVENUE
TAMPA FL 33611TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/S
SCHMITT CYNTHIA L
6715 SOUTH ENGLEWOOD AVENUE
TAMPA FL 33611TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
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6715 SOUTH ENGLEWOOD AVENUE
TAMPA FL 33611TITLE ☐ Delete
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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** JANICE R. SCHMITT

P 03/29/2000