

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90996 018 ***150.00

DOCUMENT # 672733

1. Entity Name

NUTRITION TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

3060 N. WOOLFLOWER TER P.O. BOX 1390
BEVERLY HILLS, FL 34465 LECANTO, FL 34460-1390

C0059347

2. Principal Place of Business

3. Mailing Address

5 MAPLEVIEW CT. 5 MAPLEVIEW CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

READING, OHIO

City & State

READING, OHIO

4. FEI Number

59-2011811

Applied For

Not Applicable

Zip

Country

Zip

Country

45236-1163 U.S.A. 45236-1163 U.S.A.

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

TRUTE, MELVYN
1090 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

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, 2001 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	<u>DVS</u> <input type="checkbox"/> Delete
NAME	<u>O'MALLEY, BARBARA N.</u>
STREET ADDRESS	<u>3060 N. WOOLFLOWER TER.</u>
CITY-ST-ZIP	<u>BEVERLY HILLS, FL 34465</u>
TITLE	<u>DCP</u> <input type="checkbox"/> Delete
NAME	<u>O'MALLEY, JOHN B.</u>
STREET ADDRESS	<u>3060 N. WOOLFLOWER TER.</u>
CITY-ST-ZIP	<u>BEVERLY HILLS, FL 34465</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<u>DVS</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>O'MALLEY, BARBARA N.</u>
STREET ADDRESS	<u>5 MAPLEVIEW CT.</u>
CITY-ST-ZIP	<u>READING, OHIO 45236-1163</u>
TITLE	<u>DCP</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>O'MALLEY, JOHN B.</u>
STREET ADDRESS	<u>5 MAPLEVIEW CT.</u>
CITY-ST-ZIP	<u>READING, OHIO 45236-1163</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (11/00)

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 John B. Malley JOHN B. O'MALLEY 4/17/2001 (513) 891-8296
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #