2001 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2001 8:00 am Secretary of State **DOCUMENT # J39035** 1. Entity Name 03-28-2001 90206 036 ***150.00 RE-VITA MFG. CO. Mailing Address Principal Place of Business 153 INDUSTRIAL LOOP SOUTH 733915 153 INDUSTRIAL LOOP SOUTH **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2737508 Not Applicable Zip Country Zip? ~Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEATHERLY, FRANKLIN D. Street Address (P.O. Box Number is Not Acceptable) 153 INDUSTRIAL LOOP SOUTH **ORANGE PARK FL 32073** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Delete TITLE TITLE ☐ Addition WEATHERLY, FRANKLIN D. NAME NAME STREET ADDRESS 153 INDUSTRIAL LOOP S. STREET ADORESS **ORANGE PARK FL** CITY-ST-ZIP CITY-ST-ZIP STD ☐ Change TITLE ☐ Delete TITLE ☐ Addition WEATHERLY, PATSY M. NAME 153 INDUSTRIAL LOOP S. STREET ADDRESS STREET ADDRESS **ORANGE PARK FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE WEATHERLY, TODD D. NAME NAME 153 INDUSTRIAL LOOP S. STREET ADDRESS STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the reserves 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

address, with all other like empowered.

changed, or on an attackment with