

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90142 003 ***150.00

DOCUMENT # **P00000001697**

1. Entity Name
SPECIALTY NUTRITION PRODUCTS, INC.

Principal Place of Business 623 CEDARS CT. SARASOTA FL 34228	Mailing Address 623 CEDARS CT. SARASOTA FL 34228
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ISLAND JUICE & JAVA	3. Mailing Address 3174 GULF OF MEXICO DR.
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Suite, Apt. #, etc.
3174 GULF OF MEXICO DR.

City & State LONGBOAT KEY, FL	City & State LONGBOAT KEY FL
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Zip 34228	Country USA	Zip 34228	Country USA
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4. FEI Number 65-0972913	Applied For <input type="checkbox"/>
	No: Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNLAP, SCOTT
 22 S. LINKS AVE.
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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's 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D APPEL, ANTHONY W 623 CEDARS CT. SARASOTA-FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	LONGBOAT KEY, FL
<input type="checkbox"/> Delete	D APPEL, SUSAN M 623 CEDARS CT. SARASOTA-FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	LONGBOAT KEY, FL
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Susan Appel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/01 941-387-0663
 Date Daytime Phone #

CR2E034 (10/00)