

2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 18, 2001 8:00 am
Secretary of State

04-30-2001 90039 048 ***150.00

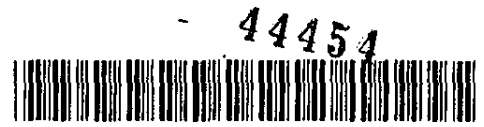
DOCUMENT # P00000053698

1. Entity Name
EATWELL NUTRITION INC.

Principal Place of Business Mailing Address
201 PARK PLACE STE 108 201 PARK PLACE STE 108
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number 5. Certificate of Status Desired
59-3646535 \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TURNER, APRIL L.
428 LOS ALTOS WAY APT #301
ALTAMONTE SPRINGS FL 32714
332 Grand Valley Dr.
Lake Mary, FL 32746
 (Change of address)

7. Name and Address of New Registered Agent
 Name: **Turner, April L.**
 Street Address (P.O. Box Number is Not Acceptable): **332 Grand Valley Dr.**
Lake Mary, FL 32746
 City: /p 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

Signatures require a printed name and title, and the signatory must be a resident of Florida. (2001) - Registered Agent: \$250.00 (Authorized agent only) - \$250.00

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 \$350.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contributor \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	(owner)	<input type="checkbox"/> Delete
NAME	April L. Turner	
STREET ADDRESS	332 Grand Valley Dr.	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	N/A	<input type="checkbox"/> Delete
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE	N/A	<input type="checkbox"/> Delete
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE	N/A	<input type="checkbox"/> Delete
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N/A)

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(b) 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **April L. Turner (April L. Turner)** 4/23/01 (407)331-3161

CR2E034 (10/00)