

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90060 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000065806

1. Entity Name
NUTRILIFE I, INC.



Principal Place of Business
503 CLEVELAND ST., #120-C
CLEARWATER, FL 33755

Mailing Address
C/O PERFECTLY BALANCED BOOKS
133 GARDEN AVE NORTH
CLEARWATER, FL 33755

2. Principal Place of Business

503 Cleveland St.
Suite, Apt. #, etc.
120-C

3. Mailing Address

Po Box 1879
Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip
33755

Country
USA

City & State

Clearwater, FL

Zip
33757

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3247980

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREIRA, JOE
503 CLEVELAND ST., #120-C
CLEARWATER, FL 33755

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Amended UBR is \$61.26

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P PEREIRA, JOE
503 CLEVELAND STREET, STE. 120C
CLEARWATER, FL 33755 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Cayman Phone #

CR2E034 (10/02)

Attachment#
NUTRILIFE I, INC.
PO Box 1879
Clearwater, FL 33757

80136572

July 30, 2003

Florida Department of State
Division of Corporations
~~Annual Reports Filings~~
PO Box 6327
Tallahassee, FL 32314

Regarding: Nutrilife I, Inc. -- Doc.# P93000065806

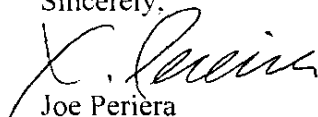
To Whom It May Concern:

Enclosed please find printout of 2003 Uniform Business Report for Corporation Nutrilife I, Inc. and check in the amount of \$150.

Would you please have the late fees waived as I, unfortunately, did not receive any of the notices from your office regarding the Corporate Annual Dues. In reconciling my records I discovered the Annual Dues were not renewed for year 2003. I had to go onto your website to print off the 2003 Annual Report in order to file. The address has changed since the last time filing was done for this Corporation, which has been entered on the 2003 Annual Report enclosed.

Thank you in advance for your prompt attention to this matter.

Sincerely,


Joe Periera
Nutralife I, Inc.