2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90084 007 ***150.00

DOCUMENT # P94000057174

1. Entity Name

TRI-COUNTY NUTRA-AIRE, INC.

Principal Place of Business	Mailing Address
231 CYPRESS ST ORLANDO FL 32824 US	P.O. BOX 1103 WINDMERE FL 34786-1103 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1624 Pontiac CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO Florida	City & State:
Zip: 32818 Country: USA	Zip: Country:

4. FEI Number 59-3255845 ☐ Applied For ☐ Not Applicable

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
STODDARD, JAMES E 5602 CRAINDALE DR ORLANDO FL 32819	Name: James E. Stoddard Street Address (P.O. Box Number is Not Acceptable): 1624 Pontiac Ct City: ORLANDO Florida FL Zip Code 32818

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]
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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D STODDARD, JAMES E P231 CYPRESS ST ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President STODDARD, James E 1624 Pontiac Ct ORLANDO Florida 32818	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] 4-23-00 407-230 8645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #