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

## P99000076960 **DOCUMENT#**



## FILED Mar 17, 2003 8:00 am Secretary of State

THE HEALTH NUT NATURAL FOODS, INC.							03-1 /-2003 90	0483 033	150.	.00	
Principal Place of Business 11883 INDIAN ROCKS ROAD LARGO FL 33779  Mailing Address PO 80X 348 LARGO FL 33779											
2. Principal P	lace of Business	3. Mailing	'Address	<del></del> .							
		Suite Apt # etc					•				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & S	State	-	<b>4.</b> F		59-3598828		- <del> </del>	plied For t Applicable	
Zip	Country	Zip _	7.1 <del>4.2</del> 144 -	Country	~ <b>~</b>	<b>5.</b> _Certificate c	f Status Desired	.□ \$8	3.75 Addi e Required	itional	]-
	6. Name and Address of Current	Registered A	l. Igent			7. Name and /	Address of New Reg				1
				Name L	licha	el J.	Minster				
	SHERYL M DR	•		Street Ac	idress (P.0		is Not Acceptable)	0 1			
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Drijoo I				City	50_	FL	32/19	FL	Zip Code		1
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8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose	of changing its ri	egistered office or	registered	agent, or both	, in the State of Floric	ua. Fallifail	illiai wilii, c	and accept	
	Mill Mill	12 10	<u>_</u>								
SIGNATURE .	Signature, typed or printed names registered agent	and title if applicab	ole. (NOTE:	Registered Agent signatu	re required wh	en reinstating)		DATE			
						<b>I</b>					7
	ILE NOW!!! FEE IS \$150.00					9. Elec	tion Campaign Finar	ncing	\$5.0	May Be	
Afte	r May 1, 2003 Fee will be \$550.00	f State				I	tion Campaign Finar t Fund Contribution.	ncing 🖂		O May Be to Fees	
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indicated on this report or 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 REQUIRED

Daytime Phone #