

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 400314

1. Entity Name

Bertha's Nutrition Shoppes Inc. ✓

Principal Place of Business

Mailing Address

3802 W. Neptune St.

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Zip

Country

33629

Hillsborough

Zip

Country

4. FEI Number

59-142-0549

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

Name

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

City

FL

Zip Code

Dena Van Orden
4003 So. Westshore Blvd #3413
Tampa, FL 33611

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 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 ☐ Delete
NAME President
STREET ADDRESS Kathryn R. Layton
CITY-ST-ZIP USA REUR BAND Unit #29061 Box 51 APO AE 09081

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Dena Van Orden
CITY-ST-ZIP 4003 So. Westshore Blvd. #3413 Tampa, FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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)(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:

Dena Van Orden Dena Van Orden 9-11-00 813-259-1109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90015 012 ***550.00

A0078439

DO NOT WRITE IN THIS SPACE

Bertha's Nutrition Shoppes, Inc.

☆ We Stone Grind Our Own Flour ☆

3802 NEPTUNE STREET • TAMPA, FLORIDA 33609 • TELEPHONE (813) 259-1109

Attachment
#400316
A0078439

Sept. 11, 2000

State of Florida
Division of Corporations

To Whom It May Concern:

I believe I'm late with this filing. My husband had Chronic Obstructive Pulmonary Disease for many years and had been on oxygen for the past few years and died this year. I have not kept up with my paper work but think I mailed the original in, but because I have not checked back and time is running out, I thought I had better send this paper in with a

check.

If you do have the original, please send this back. Sorry to be so much trouble.

Sincerely
Dena VanDuke
Vice President