2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 548339

DOCUMENT # 548339 1. Entity Name NUTRITION WORLD, INC.					Mar 02, 2000 8:00 am Secretary of State 03-02-2000 90077 048 ***150.00			
Principal Place of Business SO. FEDERAL HWY. F. PIERCE FL 34982		Mailing Address 343 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34994-5101			HUU29853			
2. Principal Place of Business		3. Mailing Address		_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FE	4. FEI Number 59-1808665 Applied For Not Applicable]
Zíp	Country	Zip	Country	5. Co	artificate of Status Desired	\$8.75 Add Fee Required	litional	
6. Name and Address of Current Registered Agent				7. Na	ame and Address of New Register	ed Agent]
COHEN, DAVID 222 S.W. INWOOD AVE. PORT ST LUCIE FL 34984				Name - Street Address (P.O. Box Number is Not Acceptable)				
			City	 _		Zip Code	 9	1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! After MAY 1, 2000			OTE: Registered Agent signature re VIII FEE IS \$150.00 OOO Fee will be \$550. able to Department of	quired when rein		\$5.0	O May Be to Fees	-
11.	OFFICERS AND D		12.		ITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	†
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, DAVID 222 S.W. INWOOD AVE. PORT ST. LUCIE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	R2E034 (9/99)
TITLE Name Street adoress City-St-Zip	S COHEN, DAIVD S. 222 S.W. INWOOD AVE. PORT ST. LUCIE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS DITY-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	
TITLE	-	☐ Delete	TITLE			☐ Change	Addition	

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 eath; that I am an officer or director of the corporation or the receiver strustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR P

☐ Delete

☐ Change

Addition

FILED