

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000003606**1. Entity Name
STRICTLY SUPPLEMENTS, INC.

Principal Place of Business 3773 HOWARD HUGHES PARKWAY #290N LAS VEGAS NV 89109	Mailing Address 3773 HOWARD HUGHES PARKWAY #290N LAS VEGAS NV 89109
---	---

2. Principal Place of Business 2920 NORTH GREEN VALLEY PRKWY	3. Mailing Address 2920 NORTH GREEN VALLEY PARKWAY
---	---

Suite, Apt. #, etc. SUITE 321	Suite, Apt. #, etc. SUITE 321
----------------------------------	----------------------------------

City & State HENDERSON NV	City & State HENDERSON NV
------------------------------	------------------------------

Zip 89014	Country	Zip 89014	Country
--------------	---------	--------------	---------

4. FEI Number 88-0464194	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUNN R. ELLIOTT JR.
29949 S.R. 54 WEST

WESLEY CHAPEL FL 33543 US

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN R. ELLIOTT JR. 29949 S.E. 54 WEST WESLEY CHAPEL FL 33543 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERGLINO TIMORA 3773 HOWARD HUGHES PARKWAY #290N LAS VEGAS NV 89109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VITALE ANN 3773 HOWARD HUGHES PARKWAY #290N LAS VEGAS NV 89109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIMBALL JOSEPHINE 29949 S.R. 54 WEST ZEPHYRHILLS, FL 33543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIMBALL JOSEPHINE 29949 S.R. 54 WEST ZEPHYRHILLS FL 33543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: JOSEPHINE KIMBALL

VP

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)