

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002276

1. Entity Name

eNutritionCenter.com, Inc.

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

05-15-2000 90310 042 ***150.00

Principal Place of Business

Mailing Address

(same)

1030 Pine Tree Dr, Suite #3
Indian Harbor Beach, FL 32937

2. Principal Place of Business

1030 Pine Tree Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3

City & State

Indian Harbor Beach

City & State

Zip
FL 32937

Country
USA

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3570024

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SHAW~~ CHAN
123 Bay Plaza
Treasure Island, FL 33760

7. Name and Address of New Registered Agent

Name SHAW CHAN
Street Address (P.O. Box Number is Not Acceptable)
1030 Pine Tree Dr, #3
City Indian Harbor Beach FL Zip Code 32937

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO, Director SHAW CHAN 1030 Pine Tree Dr. #3 Indian Harbor Beach, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer, Director Alan Frisher 1169 Ida Way, Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Larry Gray 7012 Mount Vernon Ave., Cincinnati, OH 45227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President of Technology Chris Tong 10336 Loch Lamond Road, Suite #240 Middleton, CA 95461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (321) 773-4619

CR2E034 (9/99)