

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90069 002 ***150.00

DOCUMENT #

1. Entity Name
Iso-Nutrients of Fl. Inc.
GENERAL Research, FLA.

H40770

Principal Place of Business

Mailing Address

112 Governor St
GREEN Cove Springs, FL 32043

2. Principal Place of Business

112 Governor St

Suite, Apt. #, etc.

3. Mailing Address

112 Governor St

Suite, Apt. #, etc.

950275

DO NOT WRITE IN THIS SPACE

City & State

GREEN Cove Springs, FL

City & State

same

4. FEI Number

59-2494834

Applied For

Not Applicable

Zip

32043

Country

FLAY

Zip

same

Country

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

Donald H. Riffel
112 Governor St
GREEN Cove Springs, FL 32043

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

Donald H. Riffel
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Donald H. Riffel</i>	
STREET ADDRESS	<i>112 Governor St</i>	
CITY-ST-ZIP	<i>GREEN Cove Springs, FL 32043</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Donald H. Riffel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
 Date

904-284-2347
 Daytime Phone #

CR2E034 (9/99)