

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90163 043 ****50.00

DOCUMENT # L00000004790

1. Entity Name

CORRECT HEALTH FOODS, LLC

Principal Place of Business

**3206 VILLAGE LANE
 PORT CHARLOTTE FL 33952**

Mailing Address

**3206 VILLAGE LANE
 PORT CHARLOTTE FL 33952**

2. Principal Place of Business

2572 FOLKSTONE AVE

Suite, Apt. #, etc.

3. Mailing Address

2572 FOLKSTONE AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLERMONT, FL

City & State

CLERMONT, FL

4. FEI Number

65-1024235

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SIEGEL, STANLEY
 3206 VILLAGE LANE
 PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name

STANLEY SIEGEL

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

2572 FOLKSTONE AVE

City

CLERMONT

FL

Zip Code

34711

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]

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **SIRGEL, STANLEY**
 STREET ADDRESS **3206 VILLAGE LANE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2572 FOLKSTONE AVE**
 CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] **STANLEY SIEGEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-12-02 352-243-2146

CR2E063 (9/01)