

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90022 015 ***150.00

DOCUMENT # **L04900**

1. Entity Name
AMERICAN NUTRI-TECH, INC.

Principal Place of Business

Mailing Address

BEECH ST
BEACH FL 32034

P.O. BOX 1317
FERNANDINA BEACH FL 32035-1317

80024686

2. Principal Place of Business

3. Mailing Address

844 LAUNA ST
 Suite, Apt. #, etc.

PO BOX 1317
 Suite, Apt. #, etc.

City & State

City & State

FERNANDINA BEACH FL

FERNANDINA BEACH FL

Zip

Country

Zip

Country

32034
FL, USA

32034
USA

4. FEI Number **58-1711718**

Applied For
 Not Applicable

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

JACKSON, RITA
115 BEECH ST
FERNANDINA BEACH FL 32034

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

RITA JACKSON
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

(ONLY CHANGE OF PRINCIPAL PLACE OF BUSINESS) 1/30/00

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	PD	<input type="checkbox"/> Delete
NAME	JACKSON, RITA	
STREET ADDRESS	115 BEECH ST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VST	<input type="checkbox"/> Delete
NAME	JACKSON, RITA	
STREET ADDRESS	115 BEECH ST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

RITA JACKSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00
 Date

904 261 3715
 Daytime Phone #

CR2E034 (9/99)