

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90443 034 ***150.00

DOCUMENT # L04900

1. Entity Name

AMERICAN NUTRI-TECH, INC.

Principal Place of Business

**844 LAURA ST
FERNANDINA BEACH FL 32034
US**

Mailing Address

**P.O. BOX 1317
FERNANDINA BEACH FL 32035
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

JACKSON RITA

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

95 LAWRENCE LANE

City

FERNANDINA BEACH

FL

Zip Code

32034

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, 2001 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** ☐ Delete
NAME **JACKSON, RITA**
STREET ADDRESS **115 BEECH ST**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **PD** ☒ Change ☐ Addition
NAME **JACKSON, RITA**
STREET ADDRESS **95 LAWRENCE LANE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **VST** ☐ Delete
NAME **JACKSON, RITA**
STREET ADDRESS **115 BEECH ST**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **ADDRESS CHANGE ONLY** ☒ Change ☐ Addition
NAME **(SAME AS ABOVE)**
STREET ADDRESS **(SAME AS ABOVE)**
CITY-ST-ZIP **(SAME AS ABOVE)**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

904 261 3719

Daytime Phone #

CR2E034 (10/00)