1/8/02-90020-(

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-08-2002 90020 039 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L68280

1. Entity Name
NATIONAL HEALTH PRODUCTS, INC.

Principal Place of Business	Mailing Address
731 KIRKMAN RD KIRKMAN COMMERCE CTR ORLANDO FL 32811-2011	731 KIRKMAN RD KIRKMAN COMMERCE CTR ORLANDO FL 32811-2011

DO NOT WRITE IN THIS SPACE

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 59-3010953 ☐ 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
ORR, DEAN R 2600 MAITLAND CTR PKWY STE 330 MAITLAND FL 32751	Name TOM CIOLA Street Address (P.O. Box Number is Not Acceptable) 731 KIRKMAN RD. City ORLANDO FL Zip Code 32811

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 Tom Ciola TOM CIOLA President Director 2-14-02
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CIOLA, TOM 731 KIRKMAN RD. ORLANDO FL 32811	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS CIOLA, MARCIA 731 KIRKMAN RD. ORLANDO FL 32811	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CIOLA, PAUL 731 KIRKMAN RD. ORLANDO FL 32811	☒ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CIOLA, GREG 731 KIRKMAN RD. ORLANDO FL 32811	☒ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GUERRERO, KRISTA 731 KIRKMAN ROAD ORLANDO FL 32811	☒ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRISBOIS, AMY C 736 MEDLIN ROAD FRANKLIN NC 28734	☒ Delete	☐ Change ☐ Addition	

CR2E034 (9/01)

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 REQUIRED Marcia Ciola 1/4/02 407 291-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

Lawrenceville, NY 40285-6037

NATIONAL HEALTH PRODUCTS, INC.
731 S KIRKMAN RD
ORLANDO, FL 32811-7011

SUNTRUST BANK
ORLANDO, FL
63-466/631 321

26959
138
HL 68280

PAY ONE HUNDRED FIFTY and 00/100 dollars **********

TO THE ORDER OF	DATE	AMOUNT
DEPARTMENT of STATE	January 4,2002	$150.00

FEI# 59-3010953

NOT-NEGOTIABLE
AUTHORIZED SIGNATURE

⑈026959⑈ ⑆063104668⑆ 170500 2572⑈

NATIONAL HEALTH PRODUCTS, INC. 26959

January 4,2002		
Department of State	$150.00	Uniform Business Report 2002