

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98010

1. Entity Name

BETTER NUTRITION INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90044 039 ***150.00

Principal Place of Business

3301 JOHNSON ST
HOLLYWOOD FL 33021
US

Mailing Address

4629 POINCIANA ST.
#101
LAUDERDALE BY THE SEA FL 33308-3529
US

2. Principal Place of Business

3. Mailing Address

4629 POINCIANA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAUDERDALE BY THE SEA, FL

Zip

Country

Zip

Country

33308

USA

4. FEI Number

65-0240222

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

COLLINS, JENNIFER

4629 POINCIANA ST., APT. 101
LAUDERDALE BY THE SEA FL 33308

Name

Collins, Jennifer

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

4629 POINCIANA ST. #203

City

LAUDERDALE BY THE SEA

FL

Zip Code

33308

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

Jennifer Collins, DPST

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

(NOTE: Registered Agent signature required when reinstating)

2/28/00

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
COLLINS, JENNIFER
4629 POINCIANA ST., APT. 101
LAUDERDALE BY THE SEA FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Jennifer Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/00

Daytime Phone #

954-493-9870

CR20014 (3/98)