


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90602 005 ****61.25

DOCUMENT # N98000003853

1. Entity Name
Dietary Supplement Education Alliance, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4034 Roberts Point</u> Suite, Apt. #, etc.		3. Mailing Address <u>4034 Roberts Point</u> Suite, Apt. #, etc.	
City & State <u>Sarasota FL</u>	City & State <u>Sarasota FL</u>	4. FEI Number <u>65-0857981</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>34242</u>	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		Zip <u>34242</u>	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>James Toale</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>2750 Ringling Blvd</u>	
	City <u>Sarasota</u>	Zip Code <u>FL 34237</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>Elliott Balbert</u> <u>21411 Prairie St</u> <u>Chatsworth, CA 91311</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>Jon Benninger</u> <u>3300 North Central Ave. Ste 2500</u> <u>Phoenix, AZ 85012</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>Adam Morgan</u> <u>4111 Broken Sound Parkway NW</u> <u>Boca Raton, FL 33487</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Elliott Balbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 941.349.9044
Date Daytime Phone #

CR2E037B (12/02)