2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90142 003 ***150.00

DOCUMENT # P00000001697

1. Entity Name
SPECIALTY NUTRITION PRODUCTS, INC.

Principal Place of Business
623 CEDARS CT.
SARASOTA FL 34228

Mailing Address
623 CEDARS CT.
SARASOTA FL 34228

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: ISLAND JUICE & JAVA
Suite, Apt. #, etc.: 3174 GULF OF MEXICO DR.
City & State: LONGBOAT KEY, FL
Zip: 34228 Country: USA

3. Mailing Address: 3174 GULF OF MEXICO DR.
Suite, Apt. #, etc.:
City & State: LONGBOAT KEY FL
Zip: 34228 Country: USA

4. FEI Number: 65-0972913 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DUNLAP, SCOTT
22 S. LINKS AVE.
SARASOTA FL 34236

7. Name and Address of New Registered Agent
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 _____
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

TITLE	D [ ] Delete
NAME	APPEL, ANTHONY W
STREET ADDRESS	623 CEDARS CT.
CITY-ST-ZIP	~~SARASOTA~~ FL 34228
TITLE	D [ ] Delete
NAME	APPEL, SUSAN M
STREET ADDRESS	623 CEDARS CT.
CITY-ST-ZIP	~~SARASOTA~~ FL 34228
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	[X] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL
TITLE	[X] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
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: Susan Appel 3/25/01 941-387-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)