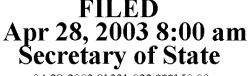
## **UNIFORM BUSINESS REPORT (UBR)**

## 2003 FOR PROFIT CORPORATION **DOCUMENT#** P00000001697



1. Entity Name SPECIALTY NUT	RITION PRODUCTS	S, INC.	04-28-2003 91331 022 ***150.00						
Principal Place of Busin ISLAND JUICE & JAVA 3174 GULF OF MEXICO LONGBOAT KEY FL 3422	DRIVE	Mailing Address 3174 Gulf of I Longboat Key	*						
2. Principal Place of Business		3. Mailing Addre	SS	1 ISBULIBUS III BUSIS USISI DOIN BESIS BUSIS BESIS FULLU IIUS BUSIS CON SOOT					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Number 65-0972913 Applied For Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Na	me and Address of Curren	nt Registered Agent	7. Name and Address of New Registered Agent						
DUNLAP, SCOTT 22 S. LINKS AVE. SARASOTA FL 34236				Name Street Address (P.O. Box Number is Not Acceptable)					
			City	FL Zip Code					
the obligations of reg <u>t</u> SIGNATURE				e or registered agent, or both, in the State of Florida. I am familiar with, and accept gnature required when reinstating)					
After May 1, 2	/!!! FEE IS \$150.00 1003 Fee will be \$550.00 to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					

Make Check Payable to Florida Department of State										
10.	OFFI	CERS AND DIRECTORS		11.	ADD	ITIONS/CHANGES	S TO OFFICERS	AND DIRECTO	RS IN 11	
	D APPEL, ANTHONY W 623 CEDARS CT. LONGBOAT KEY FL 34		] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPEL, SUSAN M 623 CEDARS CT LONGBOAT KEY FL-34		Delete	TITLE NAME STREET ADDRESS _CITY-SI-ZIP	فمرشف جدر راء	* == == == == == == == == == == == ==	me some of	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3 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-7IP				☐ Change	☐ Addition	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: