

2003. FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90170 036 ***150.00

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DOCUMENT # P00000021979

1. Entity Name

NUANCE INGREDIENTS INCORPORATED



Principal Place of Business
12179 S. APOPKA VINELAND ROAD
#333
LAKE BUENA VISTA FL 32836

Mailing Address
12179 S. APOPKA VINELAND ROAD
#333
LAKE BUENA VISTA FL 32836



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3629847**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN FLEET, JOAN
6080 PEREGRINE AVE
ORLANDO FL 32819

Name **Vanfleet, Joan**
Street Address (P.O. Box Number is Not Acceptable)
5882 Windhover
City **Orlando** **FL** Zip Code **32819**

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

Joan P. Van Fleet

Jan 28th 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **COOK, KELLY**
STREET ADDRESS **6080 PEREGRINE AVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **V.P. Sales** ☐ Change ☒ Addition
NAME **Richard Williamson**
STREET ADDRESS **378 Burroughs rd.**
CITY-ST-ZIP **Box borough MA 01719**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 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:

Kelly M. Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28th 2003

Date

Daytime Phone #

(407) 352-1603

CR2E034 (10/02)