2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91573 048 ***150.00

DOCUMENT # P00000070415

1. Entity Name
THE VITAMIN SHOP, INC.

Principal Place of Business	Mailing Address
1236A OCEAN SHORE BOULEVARD ORMOND BEACH FL 32176	1236A OCEAN SHORE BOULEVARD ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1236A Ocean Shore Blvd OB, FL 32176	Same
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: ORMOND BEACH, FL	City & State: ORMOND BEACH, FL
Zip: 32176 Country: VOLUSIA	Zip: 32176 Country: VOLUSIA

4. FEI Number: 59-3664005 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	JENNIFER M. MORGAN 1133 OCEAN Shore Blvd #1106 ORMOND BEACH, FL, 32176

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 X [signature] JENNIFER M. MORGAN 5-10-01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORGAN, JENNIFER M 1133 OCEAN SHORE BOULEVARD UNIT 1106 ORMOND BEACH FL 32176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D R. DAVID MORGAN 1133 OCEAN SHORE BOULEVARD UNIT 1106 ORMOND BEACH FL 32176 ☐ 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
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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: [signature] JENNIFER M. MORGAN 4-19-01 386-441-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)