2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATUKE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 07, 2001 8:00 am DOCUMENT # P00000382050 Secretary of State SCIENTIFICALLY ENGINEERED SUPPLEMENTS, INC. 03-07-2001 90605 014 ***150.00 Principal Place of Business Mailing Address 1140 HOLLAND DRIVE #17 1140 HOLLAND DRIVE #17 BOCA RATON FL 33487 **BOCA RATON FL 33487** 2. Principal Place of Business Mailing Address T. woar 121C Suite, Apt. #, etc. Suite, Apt. #. etc.,-DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-1035788 Not Applicable Zip Country Country \$8.75 Additional 5, Certificate of Status Desired ~ · ._ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERGUSON, JULIE Street Address (P.O. Bry Number is Not Acceptable) 1140 HOLLAND DRIVE #17 - State Like **BOCA RATON FL 33487** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Г Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPST TITLE ☐ Delete TITLE FERGUSON, JULIE NAME NAME 1140 HOLLAND DRIVE #17 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME STREET ADDRESS 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 inustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if **W**with changed, or on an attachr ess, with all other like empowered.