

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90118 004 ***158.75

DOCUMENT # P000000104280

1. Entity Name

VITAMINS DIRECT INC.

DO NOT WRITE IN THIS SPACE

830947

2. Principal Place of Business

1501 Northpoint Pkwy

Suite, Apt. #, etc.
Suite 100

City & State
West Palm Beach, FL

Zip
33407

Country
USA

3. Mailing Address

5841 Corporate Way

Suite, Apt. #, etc.
Suite 200

City & State
West Palm Beach, FL

Zip
33407

Country
USA

4. FEI Number

52-2278927

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Sherry Mazorra

Street Address (P.O. Box Number is Not Acceptable)

5841 Corporate Way

Suite 200

City
West Palm Beach, FL Zip Code
33407

**DO NOT WRITE
IN THIS SPACE**

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.

Sherry Mazorra, Treasurer

3/18/02

(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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Ajit Patel
5841 Corporate Way, Ste. 200
West Palm Bch, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
William E. Hudson
5841 Corporate Way, Ste. 200
West Palm Bch, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Sherry Mazorra
5841 Corporate Way, Ste. 200
West Palm Bch, FL 33407

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Hudson

William E. Hudson, Secretary 3/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)