2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2002 8:00 am
Secretary of State
07-17-2002 90127 047 ***150.00

DOCUMENT # P01000003414

1. Entity Name
SHO-ME NUTRICEUTICALS ACQUISITION COMPANY

Principal Place of Business	Mailing Address
~~14036 SPRING HILL DR~~ ~~SPRING HILL FL 34609~~ 15431 Flight Path Dr. Brooksville, FL 34604	~~14036 SPRING HILL DR~~ ~~SPRING HILL FL 34609~~ 15431 Flight Path Dr. Brooksville, FL 34604

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15431 Flight Path Dr.	15431 Flight Path Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville, FL	City & State: Brooksville, FL 34604
Zip: 34604 Country: Hernando	Zip: 34604 Country: Hernando

4. FEI Number 59-3692054 ☐ 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
HOGAN, THOMAS S JR 20 S BROAD ST BROOKSVILLE FL 34601	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 13, 2002 Fee will be $750.00
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	DEMA RIA, JAMES 11036 SPRING HILL DR SPRING HILL FL 34609 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director DeMaria, James 11036 Spring Hill Dr. Spring Hill, FL 34609 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Irving, Theodore 15431 Flight Path Dr. Brooksville, FL 34604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Reckner, Christopher 15431 Flight Path Dr. Brooksville, FL 34604 ☐ 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-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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 REQUIRED Christopher K. Reckner 8/22/02 352-797-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #