

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90279 017 ***150.00

DOCUMENT # P01000003414

1. Entity Name
SHO-ME NUTRICEUTICALS ACQUISITION COMPANY



Principal Place of Business
15431 FLIGHT PATH DR
BROOKSVILLE, FL 34604

Mailing Address
15431 FLIGHT PATH DR
BROOKSVILLE, FL 34604

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



☐ CHECK HERE IF MAKING CHANGES

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
RECKNER, CHRISTOPHER
15431 FLIGHT PATH DRIVE
BROOKSVILLE, FL 34604

7. Name and Address of New Registered Agent
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 *Christopher K. Reckner* *Christopher K. Reckner* DATE **4-22-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering)

FILE NOW!!! FEB 16 \$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 NAME STREET ADDRESS CITY-ST-ZIP	D DEMARIA, JAMES 11036 SPRING HILL DR SPRING HILL, FL 34609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVING, THEODORE 15431 FLIGHT PATH DR BROOKSVILLE, FL 34604 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECKNER, CHRISTOPHER 15431 FLIGHT PATH DR BROOKSVILLE, FL 34604 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Christopher K. Reckner* *Christopher K. Reckner* DATE **4-22-03** DAYTIME PHONE # **3527979600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/02)