

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0189497 AV

**DOCUMENT # P01000004127**

**1. Entity Name**  
**MENTAL HEALTH & NUTRITION SERVICE, INC.**

03-14-2002 90032 028 \*\*\*150.00

**Principal Place of Business**  
 10585 NW 57TH COURT  
 CORAL SPRINGS FL 33076-2803

**Mailing Address**  
 10585 NW 57TH COURT  
 CORAL SPRINGS FL 33076-2803



**2. Principal Place of Business**  
**11492 SEA GRASS CIR**  
 Suite, Apt., etc.

**3. Mailing Address**  
**SAME**  
 Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**BOCA RATON FL**  
**Zip**  
**33498-4921**

**City & State**  
**SAME**  
**Zip**  
**Country**

**4. FEI Number**  
**65-1071589**  
 Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SYROP, JERRY M**  
**10585 NW 57TH COURT**  
**CORAL SPRINGS FL 33076-2803**

**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.**

**SIGNATURE** \_\_\_\_\_ 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, 2002 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**

<b>TITLE</b>	<b>PRES. DIR.</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>JERYL KOET</b>	
<b>STREET ADDRESS</b>	<b>11492 SEA GRASS CIRCLE</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33498-4921</b>	
<b>TITLE</b>	<b>V-P, ST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GAIL FRANK</b>	
<b>STREET ADDRESS</b>	<b>11492 SEA GRASS CIRCLE</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON, FL 33498-4921</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/22/02 (561) 883-5143**  
 Date Daytime Phone #

CR2E034 (9/01)