

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90124 043 ***150.00

DOCUMENT # P01000067601

1. Entity Name
POWER NUTRITION INC.

Principal Place of Business

132 WATERSIDE DRIVE
HYPOLUXO FL 33462

Mailing Address

132 WATERSIDE DRIVE
HYPOLUXO FL 33462

2. Principal Place of Business

553 WATERSIDE DR.

3. Mailing Address

553 WATERSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HYPOLUXO FLORIDA

City & State

HYPOLUXO FLORIDA

4. FEI Number

65-1119881

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEMIRE, CARMEN

132 WATERSIDE DRIVE
HYPOLUXO FL 33462

7. Name and Address of New Registered Agent

Name

BELANGER JOCELYNE

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

553 WATERSIDE DRIVE

City

HYPOLUXO

FL

Zip Code

33462

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

JoceLYNE Belanger

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02

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

TITLE	D <input type="checkbox"/> Delete
NAME	LEMIRE, CARMEN
STREET ADDRESS	132 WATERSIDE DRIVE
CITY-ST-ZIP	HYPOLUXO FL 33462
TITLE	D <input type="checkbox"/> Delete
NAME	TREMBLAY, ANDRE
STREET ADDRESS	132 WATERSIDE DRIVE
CITY-ST-ZIP	HYPOLUXO FL 33462
TITLE	D <input type="checkbox"/> Delete
NAME	LAGRANGE, ARSENE
STREET ADDRESS	132 WATERSIDE DRIVE
CITY-ST-ZIP	HYPOLUXO FL 33462
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Carmen Lemire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23, 2002 (418) 651-4992

Date

Daytime Phone #

CR2E034 (9/01)