

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90508 028 \*\*\*150.00

**DOCUMENT # P01000067601**

1. Entity Name  
**POWER NUTRITION INC.**



Principal Place of Business  
**553 WATERSIDE DR.  
HYPOLUXO FL 33462**

Mailing Address  
**553 WATERSIDE DR.  
HYPOLUXO FL 33462**

2. Principal Place of Business

**14723 CUMBERLAND DR.**

3. Mailing Address

**14723 CUMBERLAND DR.**

Suite, Apt. #, etc.

**APT. 107**

Suite, Apt. #, etc.

**APT. 107**

City & State

**DELRAY BEACH FL**

City & State

**DELRAY BEACH FL**

Zip

**33446**

County

**PALM BEACH**

Zip

**33446**

County

**PALM BEACH**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1119881**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BELANGER, JOCELYNE  
553 WATERSIDE DR.  
HYPOLUXO FL 33462**

7. Name and Address of New Registered Agent

Name **CARMEN LEMIRE C/O RUTH WIND**  
Street Address (P.O. Box Number is Not Acceptable)  
**14723 CUMBERLAND DR APT. 107**  
City **DELRAY BEACH FL** Zip Code **33446**

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 Carmen Lemire  
Signature, typed or printed name of registered agent and title if applicable.

CARMEN LEMIRE D.  
(NOTE: Registered Agent signature required when reinstating)

24 APRIL 2003  
DATE

**FILE NOW!!! FEE IS \$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

TITLE **D** ☐ Delete  
NAME **LEMIRE, CARMEN**  
STREET ADDRESS **132 WATERSIDE DRIVE**  
CITY-ST-ZIP **HYPOLUXO FL 33462**

TITLE **D** ☐ Delete  
NAME **TREMBLAY, ANDRE**  
STREET ADDRESS **132 WATERSIDE DRIVE**  
CITY-ST-ZIP **HYPOLUXO FL 33462**

TITLE **D** ☒ Delete  
NAME **LAGRANGE, ARSENE**  
STREET ADDRESS **132 WATERSIDE DRIVE**  
CITY-ST-ZIP **HYPOLUXO FL 33462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Carmen Lemire **SIGNATURE REQUIRED CARMEN LEMIRE-D. 04/24/03 (56) 865-9448**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)