

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90114 032 \*\*\*150.00

**DOCUMENT # P01000096511**

1. Entity Name

**AMERICAN DIETARY SUPPLEMENTS, INC.**

Principal Place of Business

**2739 GLENNEWIN COURT  
 APOPKA FL 32712**

Mailing Address

**2739 GLENNEWIN COURT  
 APOPKA FL 32712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3750899**

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

**WILLIS, WALTER A  
 2739 GLENNEWIN COURT  
 APOPKA FL 32712**

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

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 \$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 **P** ☐ Delete  
 NAME **WILLIS, WALTER A**  
 STREET ADDRESS **2739 GLENNEWIN COURT**  
 CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**WALTER A WILLIS**

Date

Daytime Phone #

**7/11/02 407 880-7204**

CR2E034 (4/02)

Attachment # PO1000098511  
121568

American Dietary Supplements, Inc.

**PainBGone**

2739 Glennedwin Court  
Apopka, Florida 32712-4044

Toll Free 877/803-8939

<http://www.painbgone.com>

[painbgone@earthlink.net](mailto:painbgone@earthlink.net)

July 11, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

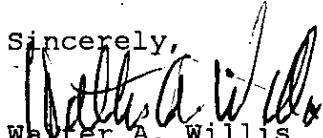
Gentlemen:

We had an unpaid person helping with the mail and filing for a while. If we received your first notice, we can't find it anyplace. We have talked to the volunteer and they don't remember. Please waive the late fee.

Enclosed is a check for \$150.00.

Thank you for your attention to this matter and its quick disposition.

Sincerely,



Walter A. Willis  
President