

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91804 009 ***150.00

07/6/03 AV

DOCUMENT # P01000096511

1. Entity Name
AMERICAN DIETARY SUPPLEMENTS, INC.



Principal Place of Business
**2739 GLENEDWIN COURT
APOPKA FL 32712**

Mailing Address
**2739 GLENEDWIN COURT
APOPKA FL 32712**



2. Principal Place of Business

523 SHANE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

523 SHANE CIRCLE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WINTER SPRINGS, FL

Zip

32708

Country

USA

City & State
WINTER SPRINGS, FL

Zip

32708

Country

USA

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

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

7. Name and Address of New Registered Agent

Name
WALTER A. WILLIS
Street Address (P.O. Box Number is Not Acceptable)
523 SHANE CIRCLE

City
WINTER SPRINGS **FL** Zip Code
32708

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILLIS, WALTER A.
523 SHANE CIRCLE
WINTER SPRINGS, FL 32708** ☒ Change ☐ Addition

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

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

WALTER A. WILLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

407-739-8939
Daytime Phone #

CR2E034 (10/02)