

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90071 050 ***150.00

DOCUMENT # P01000105121

1. Entity Name

NATURAL NUTRITION SOLUTIONS USA CORP.

Principal Place of Business

**4518 WEST SWANN AVENUE
TAMPA FL 33609**

Mailing Address

**4518 WEST SWANN AVENUE
TAMPA FL 33609**

2. Principal Place of Business

231 21st Avenue

3. Mailing Address

2609 W. Tyson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

Tampa FL

Zip **33706**

Country

USA

Zip

33611

Country

USA

4. FEI Number

59-3754936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, FRED H

**4518 WEST SWANN AVENUE
TAMPA FL 33609**

Change of Address

7. Name and Address of New Registered Agent

Name **Miller, Fred H.**

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

2609 W. Tyson Street

City **Tampa**

FL

Zip Code **33611**

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 **Fred H. Miller** **Fred H. Miller President**

3/10/02

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

TITLE **D** ☐ Delete
NAME **MILLER, FRED H**
STREET ADDRESS **4518 WEST SWANN AVENUE**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete
NAME **AUSEC, LANCE R**
STREET ADDRESS **231 21ST AVENUE**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Miller, Fred H**
STREET ADDRESS **2609 W. Tyson Street**
CITY-ST-ZIP **Tampa, FL 33611**

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

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: **Fred H. Miller** **Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02 **813-205-2759**
Date Daytime Phone #

CR2E034 (9/01)