

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90721 034 ***150.00

DOCUMENT #

1. Entity Name

P02000025243

NUTRITION & LIFESTYLE COUNSELING, INC.



DO NOT WRITE IN THIS SPACE

90119316

2. Principal Place of Business

723 St Judes Drive South

3. Mailing Address

723 St Judes Drive South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longboat Key, FL

City & State

Longboat Key, FL

4. FEI Number

01-0627020

Applied For

Not Applicable

Zip

34228

Country

Zip

34228

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Brunori, Altea M.

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

723 St Judes Drive South

City

Longboat Key

FL

34228

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

Brunori, Altea M.

STREET ADDRESS

723 St Judes Drive South

CITY-ST-ZIP

Longboat Key, FL 34228

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Altea M. Brunori ALTEA M. BRUNORI 3/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)