

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000036900**

1. Entity Name

NUTRICION PLUS, INC.

Principal Place of Business

Mailing Address

**10550 West St. Rd. 84 Lot # 379
DAVIC, FL 33324**

FILED

04 FEB 27 AM 10:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RESTATEMENT

03-04

\$150.00

02-09-04 9062 022

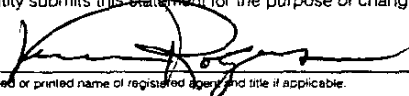
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10550 W. ST. RD. 84 Suite, Apt. #, etc. Lot: 379 City & State DAVIC FL 33324 Zip 33324		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 04-3659966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent VERNON ROGERS 10550 W. ST. RD. 84 LOT 379 DAVIC, FL 33324		7. Name and Address of New Registered Agent Name VERNON ROGERS Street Address (P.O. Box Number is Not Acceptable) 10550 W. ST. RD. 84 LOT 379 City DAVIC FL Zip Code 33324	
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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.

NO CHANGE

SIGNATURE 

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

(NOTE: Registered Agent signature required when reinstating)

2/21/04

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE RD NAME VERNON ROGERS STREET ADDRESS 10550 W. ST. RD. 84 LOT #379 CITY-ST-ZIP DAVIC FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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000029594270
03/01/04--01047--001 **150.00

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:  **2/6/04**

NUTRITION PLUS, INC.
10550 WEST ST RD 84 LOT 3 # 79
DAVIE, FL. 33324

February 6th, 2004

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: NUTRITION PLUS, INC.
DOCUMENT#: P02000036900

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

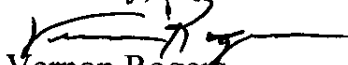
Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

** For YEAR 2003*

Your cooperation is appreciated.

Sincerely,


Vernon Rogers

VR