2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000045829

Entity Name: THE NUTRITION BLOCK, INC.

FILED Apr 06, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8735 RIVER HOMES LANE, SUITE 307 PMB 387 8951 BONITA BEACH RD. BONITA SPRINGS, FL 34135

#525

BONITA SPRINGS, FL 34135

Current Mailing Address: New Mailing Address:

8735 RIVER HOMES LANE, SUITE 307 PMB 387 8951 BONITA BEACH RD.

BONITA SPRINGS, FL 34135 #525

BONITA SPRINGS, FL 34135

FEI Number: 30-0080611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUCHHEIT, SHAWN BUCHHEIT, SHAWN 8735 RIVER HOMES LANE, SUITE 307 35 4TH STREET

BONITA SPRINGS, FL 34735 BONITA SPRINGS, FL 34134 US

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: SHAWN BUCHHEIT 04/06/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete BUCHHEIT, SHAWN Name:

8735 RIVER HOMES LANE, SUITE 307 Address:

City-St-Zip: BONITA SPRINGS, FL 34735

Title: () Delete

Name: Address: City-St-Zip: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

BUCHHEIT, SHAWN F MR. Name:

Address: 35 4TH STREET

City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change (X) Addition

BUCHHEIT, JOSHUA A MR. Name: Address: 25461 PINSON DR.

BONITA SPRINGS, FL 34135 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN BUCHHEIT M/V 04/06/2003