

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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90203 030 ***150.00

DOCUMENT # *P02000121466*

1. Entity Name

BIONUTRICALS, INC.



DO NOT WRITE IN THIS SPACE

94063021

2. Principal Place of Business

3064 MICHIGAN AVE

Suite, Apt. #, etc.

3. Mailing Address

3064 MICHIGAN AVE

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

050547734

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34744

Country

USA

5. Certificate of Status Desired

☐ \$8-75-Additional Fee Required

7. Name and Address of Current Registered Agent

Name *J.S. SCHUEMAN*

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

3064 MICHIGAN AVENUE

City

KISSIMMEE

FL

Zip Code

34744

**DO NOT WRITE
IN THIS SPACE**

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]

(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

\$150.00

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
*MR.
J.S. SCHUEMAN (P)
4371 CREEKSIDE BLVD
KISSIMMEE, FL 34746*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MRS.
PA. SCHUEMAN (V)
4371 CREEKSIDE BLVD
KISSIMMEE, FL 34746*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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:

[Signature] (J.S. SCHUEMAN)

4/21/2004

(407)8469888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)