1/9/2003-90061-047-$150.00-$150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 JAN -9 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Wholesale Nutrition Direct Corp.
1. Entity Name Nutri-Zone
P02000127425

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6869 Star Point Ct		6869 Starpoint Ct	
Suite, Apt. #, etc. Suite 104		Suite, Apt. #, etc. Suite 104	
City & State Winter Park FL		City & State Winter Park FL	
Zip 32792	Country USA	Zip 32792	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Michael Sanders
Street Address (P.O. Box Number is Not Acceptable) 3440 N. Goldenrod Rd Apt #327
City Winter Park FL Zip Code 32792

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 Mike Sanders 01/1/03
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) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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 President NAME Michael Sanders STREET ADDRESS 3440 N. Goldenrod Rd Apt 327 CITY-ST-ZIP Winter Park FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Vice President/Treasurer NAME John Gasper STREET ADDRESS 9327 Nelson Park Cir #105 CITY-ST-ZIP Orlando FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Secretary NAME Maribel Sanders STREET ADDRESS 3440 N. Goldenrod Rd Apt 327 CITY-ST-ZIP Winter Park FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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VBM 1/9/03

CR2E034B (12/01)

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

SIGNATURE: Mike Sanders 01/1/03 (407)719-4835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #