

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91238 038 \*\*\*158.75

**DOCUMENT # P93000056397**

1. Entity Name  
**NUTRA-AIRE OF NORTH ORLANDO INC.**

Principal Place of Business  
**983 LAGOON DR  
 OVIEDO FL 32765  
 US**

Mailing Address  
**P O BOX 2260  
 OVIEDO FL 32765  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3192015**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOOTH, KENNETH E JR  
 983 LAGOON DRIVE  
 327650 FL 32746**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P,</b>	<input type="checkbox"/> Delete
NAME	<b>BOOTH JR., KENNETH E.</b>	
STREET ADDRESS	<b>983 LAGOON DRIVE</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BOOTH, HEATHER B.</b>	
STREET ADDRESS	<b>983 LAGOON DRIVE</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BOOTH, KENNETH C</b>	
STREET ADDRESS	<b>983 LAGOON DR</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ALTIZER, NOEL B</b>	
STREET ADDRESS	<b>983 LAGOON DRIVE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Booth Kenneth C.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kenneth C. Booth* **4/28/02** **407-359-7683**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)