

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90363 041 \*\*\*158.75

0677509 FP

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



2. Principal Place of Business  
**983 Lagoon Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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**

**32762**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOOTH, KENNETH E JR**  
**983 LAGOON DRIVE**  
**32765 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
			<b>32765</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<b>32765</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<b>32765</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**REQUIRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03**

**407-359-7683**

Date

Daytime Phone #

CR2E034 (10/02)