

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000041768**

1. Entity Name

NUTRAMEDIX, INC.**FILED**
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90004 015 ***550.00

Principal Place of Business

212 N. U.S. HIGHWAY 1
SUITE 17
TEQUESTA FL 33469

Mailing Address

212 N. U.S. HIGHWAY 1
SUITE 17
TEQUESTA FL 33469

2. Principal Place of Business

900 E. Indianbwn Rd.

Suite, Apt. #, etc.

Suite 301

City & State

Jupiter, FL

Zip

33477

Country

USA

3. Mailing Address

900 E. Indianbwn Rd.

Suite, Apt. #, etc.

Suite 301

City & State

Jupiter, FL

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0534224

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, EUGENE W JR E
340 ROYAL PALM WAY
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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

N/A

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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EATON, TIMOTHY J	
STREET ADDRESS	18349 S.E. HERITAGE DRIVE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	ABDELLA, LEO F	
STREET ADDRESS	18552 SE HERITAGE DR	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRUCE A. HODGE	
STREET ADDRESS	2200 COOLBROOK CT	
CITY-ST-ZIP	OVIEDO FL 32766	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	336 Kingfisher Drive	
STREET ADDRESS	Jupiter, FL 33458	
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		
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:

Bruce A Hodge Bruce A Hodge

6/18/01 561-745-2917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)