

DOCUMENT # P95000022127

1. Entity Name

SPIRITUAL NUTRITION, INC.

FILED  
Aug 10, 2000 8:00 am  
Secretary of State

08-10-2000 90006 014 \*\*\*550.00

Principal Place of Business  
1108 HIGHLAND BEACH DRIVE  
SUITE 1  
HIGHLAND BEACH FL 33487

Mailing Address  
1108 HIGHLAND BEACH DRIVE  
SUITE 1  
HIGHLAND BEACH FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

611 LAVERS CIRCLE  
Suite, Apt. #, etc.  
291

3. Mailing Address

611 LAVERS CIRCLE  
Suite, Apt. #, etc.  
291

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH

4. FEI Number

65-0571503

Applied For

Not Applicable

Zip Country  
33444 USA

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

6. Name and Address of Current Registered Agent

KUELL, EDMUND F  
1108 HIGHLAND BEACH DRIVE  
SUITE 1  
HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name KUELL EDMUND F

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

611 LAVERS CIRCLE #291

City DELRAY BEACH

FL

Zip Code 33444

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

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 \$550.00  
After SEPTEMBER 13, 2000. Min. will be \$750.00  
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

TITLE PST  
NAME KUELL, EDMUND F. ☐ Delete  
STREET ADDRESS 1108 HIGHLAND BCH DR.#1  
CITY-ST-ZIP HIGHLAND BCH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition  
NAME KUELL EDMUND F  
STREET ADDRESS 611 LAVERS CIRCLE #291  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: EDMUND F. KUELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

561 2768991

Daytime Phone #

CR2E034 (5/00)