2001 UNIFORM BUSINESS REPORT (UBR)

4/2.

FILED
May 22, 2001 8:00 am
Secretary of State
04-23-2001 90046 009 ***150.00

DOCUMENT # P96000028251

1. Entity Name
LIFE CYCLE NUTRITION, INC.

Principal Place of Business	Mailing Address
~~8909 GLADES RD.~~ 22184 WOODSET LANE BOCA RATON FL ~~33487-0882~~ 33428 US	22184 WOODSET LANE BOCA RATON FL 33428

4 6027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
22184 Woodset Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL.	City & State
Zip: 33428 Country: USA	Zip Country

4. FEI Number 59-3423391 ☐ Applied For ☐ Not Applicable

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
STUMBERGER, C T 22184 WOODSET LANE BOCA RATON FL 33428	Name: Darren Stumberger Street Address (P.O. Box Number is Not Acceptable): ~~30-2105 Lyons Cir~~ 22184 Woodset Lane City: Boca Raton FL Zip Code: 33428

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: Darren Stumberger · C DARREN STUMBERGER 4/11/01
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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STUMBERGER, CYNTHIA A 2218 WOODSET LANE BOCA RATON FL 33428	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST STUMBERGER, C D 22184 WOODSET LANE BOCA RATON FL 33428	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Cynthia C Stumberger 4/11/01 561-487-1904
SIGNATURE AND TYPED OR PRINTED NAME OF ~~FILING~~ OFFICER OR DIRECTOR — Date — Daytime Phone #