

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031107

1. Entity Name

SUNFLOWER HEALTH AND NUTRITION, INC.

Principal Place of Business

2309 CATTLEMAN DRIVE
BRANDON FL 33511

Mailing Address

2309 CATTLEMAN DRIVE
BRANDON FL 33511

2. Principal Place of Business

34916 FAIRVIEW HEIGHTS RD

3. Mailing Address

34916 FAIRVIEW HEIGHTS RD

Suite, Apt. #, etc.

ZEPHYRHILLS

Suite, Apt. #, etc.

ZEPHYRHILLS

City & State

FLORIDA

City & State

FLORIDA

Zip

33541

Country

USA

Zip

33541

Country

USA

6. Name and Address of Current Registered Agent

BRITTAIN, VICTORIA A
2309 CATTLEMAN DRIVE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name BRITTAIN, VICTORIA A

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

34916 FAIRVIEW HEIGHTS RD

City

ZEPHYRHILLS

FL

Zip Code

33541

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

VICTORIA A. BRITTAIN 26 MAR 01

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

TITLE P
NAME BRITTAIN, VICTORIA A
STREET ADDRESS 2309 CATTLEMAN DRIVE
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME BRITTAIN, VICTORIA A
STREET ADDRESS 34916 FAIRVIEW HEIGHTS RD
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

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

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

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

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 prepare 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICTORIA A. BRITTAIN 26 MAR 01 8137824346

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90320 031 ***150.00

00040120



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3382213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

0334129

CR2E034 (10/00)