

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90137 037 ***150.00

00/5/03

DOCUMENT # P97000015457

1. Entity Name

NUTRACYCLE, INC.

Principal Place of Business

~~1134 CENTRAL FLORIDA PKWY~~
~~ORLANDO FL 32837~~
~~US~~

Mailing Address

C/O WILLIAM MOSS
 1134 CENTRAL FLORIDA PKY.
 ORLANDO FL 32837
 US

2. Principal Place of Business

3333 West Commercial Blvd
 Suite, Apt. #, etc. **Suite 201**
 City & State **Ft Lauderdale FL**

3. Mailing Address

3333 West Commercial Blvd
 Suite, Apt. #, etc. **Suite 201**
 City & State **Ft Lauderdale, FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3504912**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOSS, WILLIAM
8921 N.W. 51ST STREET Place
CORAL SPRINGS FL 33067

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 _____
 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

TITLE **DP** ☐ Delete
 NAME **MOSS, WILLIAM**
 STREET ADDRESS **1134 CENTRAL FLORIDA PKWY**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **DST** ☐ Delete
 NAME **WARGO, THOMAS**
 STREET ADDRESS **1134 CENTRAL FLORIDA PKWY**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete
 NAME **MORGENTHAU, ANTHONY R**
 STREET ADDRESS **3333 W COMMERCIAL BLVD, STE 203**
 CITY-ST-ZIP **ORLANDO FL 33309**

TITLE **D** ☐ Delete
 NAME **ANDZEL, RICHARD M**
 STREET ADDRESS **3333 W COMMERCIAL BLVD, STE 203**
 CITY-ST-ZIP **ORLANDO FL 33309**

TITLE **D** ☐ Delete
 NAME **ANDZEL, RICHARD M**
 STREET ADDRESS **3333 W COMMERCIAL BLVD STE 203**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3333 W. Commercial Blvd. Suite 201**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3333 W. Commercial Blvd Suite 201**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **Suite 201**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **Suite 201**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **VP David Marple**
 STREET ADDRESS **Suite 201**
 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: **William H. Moss**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Jan 01
 Date

954-796-1640
 Daytime Phone #

CR2E034 (10/00)