

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022748

1. Entity Name

JR'S NUTRITION MARKET CO.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90091 027 ***150.00

Principal Place of Business

Mailing Address

FEDERAL HIGHWAY

801 S. FEDERAL HIGHWAY

SUITE #825

SUITE #825

FL 33004

DANIA FL 33004-4374

US

US

2. Principal Place of Business

3. Mailing Address

801 S Federal Highway
 Suite, Apt. #, etc.
 811

801 S. Federal Highway
 Suite, Apt. #, etc.
 811

City & State

City & State

Dania FL

Dania FL

Zip

Country

Zip

Country

33004

U.S.A

33004

U.S.A

4. FEI Number

65-0738927

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

ROLLE, JASON
 801 SO FEDERAL HWY. #825
 DANIA FL 33004

Name

Same as above

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

City

Dania

FL

Zip Code

33004

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, 2000 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 **P** ☐ Delete
 NAME **ROLLE, JASON**
 STREET ADDRESS **801 SO FEDERAL HWY. #825**
 CITY-ST-ZIP **DANIA FL 33004**

TITLE ☐ Change ☐ Addition
 NAME **N/A**
 STREET ADDRESS **N/A**
 CITY-ST-ZIP **N/A**

TITLE **President** ☐ Delete
 NAME **Rolle, Jason**
 STREET ADDRESS **801 S. Federal Hwy. # 811**
 CITY-ST-ZIP **Dania FL 33004**

TITLE ☐ Change ☐ Addition
 NAME **N/A**
 STREET ADDRESS **N/A**
 CITY-ST-ZIP **N/A**

TITLE ☐ Delete
 NAME **N/A**
 STREET ADDRESS **N/A**
 CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition
 NAME **N/A**
 STREET ADDRESS **N/A**
 CITY-ST-ZIP **N/A**

TITLE ☐ Delete
 NAME **N/A**
 STREET ADDRESS **N/A**
 CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition
 NAME **N/A**
 STREET ADDRESS **N/A**
 CITY-ST-ZIP **N/A**

TITLE ☐ Delete
 NAME **N/A**
 STREET ADDRESS **N/A**
 CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition
 NAME **N/A**
 STREET ADDRESS **N/A**
 CITY-ST-ZIP **N/A**

TITLE ☐ Delete
 NAME **N/A**
 STREET ADDRESS **N/A**
 CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition
 NAME **N/A**
 STREET ADDRESS **N/A**
 CITY-ST-ZIP **N/A**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)