

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91332 033 \*\*\*150.00

0087737

**DOCUMENT # P97000022748**

1. Entity Name

**JR'S NUTRITION MARKET CO.**

Principal Place of Business

Mailing Address

801S. FEDERAL HIGHWAY  
 SUITE 811  
 DANIA FL 33004  
 US

801S. FEDERAL HIGHWAY  
 SUITE 811  
 DANIA FL 33004  
 US

**00053718**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

813 S. Federal Hwy  
 Suite, Apt. #, etc.  
 813

801 S. Federal Highway  
 Suite, Apt. #, etc.  
 813

City & State  
 Dania FL

City & State  
 Dania FL

4. FEI Number 65-0738927

Applied For  
 Not Applicable

Zip Country  
 33004 U.S.A

Zip Country  
 33004 U.S.A

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  
 801S. FEDERAL HIGHWAY  
 SUITE 811  
 DANIA FL 33004

Name Jason Rolle  
 Street Address (P.O. Box Number is Not Acceptable)  
 801 S. Fed Highway #813  
 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, 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	P	<input type="checkbox"/> Delete
NAME	ROLLE, JASON	
STREET ADDRESS	801 SO FEDERAL HWY. #825	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROLLE, JASON	
STREET ADDRESS	801S. FEDERAL HIGHWAY SUITE 811	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	President	<input type="checkbox"/> Delete
NAME	Rolle, Jason	
STREET ADDRESS	801 S. Fed Highway Suite 813	
CITY-ST-ZIP	Dania FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, 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

4/27/01 9:4  
 Daytime Phone # 921-716

CR2E034 (10/00)