

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000047926**

1. Entity Name

**NUTRITION SUPERSTORES.COM, INC.****FILED****May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90011 027 \*\*\*150.00

Principal Place of Business

Mailing Address

**3600 INVESTMENT LANE  
SUITE 102  
WEST PALM BEACH FL 33404****3600 INVESTMENT LANE  
SUITE 102  
WEST PALM BEACH FL 33404**

2. Principal Place of Business

3. Mailing Address

**8895 N. MILITARY TRAIL****8895 N. MILITARY TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE E 300****SUITE E 300**

City &amp; State

City &amp; State

**PALM BEACH GARDENS****PALM BEACH GARDENS**Zip  
**FL 33410**

Country

**USA**

Zip

**FL 33410**

Country

**USA**4. FEI Number **65-0756500**

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

**CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD #211  
PALM BEACH GARDENS FL 33418**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MUSSO, TONY</b>	
STREET ADDRESS	<b>C/O 1700 SE RANCH ROAD</b>	
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, CLIVE</b>	
STREET ADDRESS	<b>3600 INVESTMENT LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33404</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GILL, JEFF</b>	
STREET ADDRESS	<b>3600 INVESTMENT LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33404</b>	

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

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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. 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

**J.M. GILL**

Date

Daytime Phone #

**4/10/01 561-842-1111**

CR2E034 (10/00)