2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800009668

1. Entity Name

METABOLIC RESEARCH CENTER OF NORTH FLORIDA, INC.

FILED Mar 30, 2001 8:00 am Secretary of State

03-30-2001 90328 046 ***150 00

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Principal Place of Business 3229 HIGHWAY 17 NORTH GREEN COVE SPRINGS FL 32043		Mailing Address 3229 HIGHWAY 17 NORT GREEN COVE SPRINGS									
2. Principal	Place of Business	3. Mailing Address	. , , ,								
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPACE					
											Applied For
	 					CINGINDO	59-34887	42 			ot Applicable
Zip	Country	Zip	Country	/	5. C	Certificate of	Status Desired	j 🗆		3.75 Ad e Requir	dditional ed
	6. Name and Address of Curre	ent Registered Agent			7. N	ame and Ad	dress of Nev	Registere	d Age	ent	
SOILEAU, JOHN				Name							
3229	HIGHWAY 17 NORTH			Street Add	dress (P.O. B	ox Number i	s Not Accepta	ble)			
GRE	EN COVE SPRINGS FL 32043		Γ		··································						
			<u> </u>	City			 _	F	L	Zip Co	de
8. The above	e named entity submits this statemen	t for the purpose of changing	its registered	office or re	egistered age	ent, or both,	in the State of	Florida.			<u> </u>
SIGNATURE											
	Signature, typed or printed name of registered ag	ent and title if applicable. (N	NOTE: Registered A	gent signature	required when re	nstating)		DAT	E		
	Signature, typed or printed name of registered ago		 						Ē		
9. This corp	Signature, typed or printed name of registered agoration is eligible to satisfy its Intangi requirement and elects to do so. ria on back)	ble FILE NO After MAY 1,	W!!! FEE IS 2001 Fee w	\$150.00 ill be \$55	0.00	10. Election	on Campaign Fund Contribu	Financing			00 May Be
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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 #