

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90076 028 ***155.00

DOCUMENT # P98000024869

1. Entity Name
BOB'S NUTRITION, INC.

Principal Place of Business
647 N. DIXIE FRWY
NEW SMYRNA BEACH FL 32168

Mailing Address
P O BOX 909
NEW SMYRNA BCH FL 32170-0907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
647 N. DIXIE FRWY
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
NEW SMYRNA BCH. FL

City & State

4. FEI Number **59-3502261**

Applied For
 Not Applicable

Zip **32168** Country **INDONESIA**

Zip Country

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

DUDLEY, JOSEPH P
403 DOWNING ST
NEW SMYRNA BEACH FL 32168

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD THOMAS, ROBERT L P O BOX 909 NEW SMYRNA BCH FL 32170-0909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THOMAS, GERALDINE A P O BOX 909 NEW SMYRNA BCH FL 32170-0909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: *Robert L Thomas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 386-428-7999
 Date Daytime Phone #

CR2E034 (9/01)