

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025194

1. Entity Name

NUTRITION WORLD II, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90076 007 ***150.00

Principal Place of Business

Mailing Address

343 SE PORT STEWART BLVD
PORT SAINT LUCIE FL 34984

~~1631 S.E. PORT ST. LUCIE BLVD~~
~~PORT ST. LUCIE FL 34952-5478~~

Please Change Address-

2. Principal Place of Business

3. Mailing Address

3

343 SE Port St Lucie Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port St Lucie FL

4. FEI Number

65-0832700

Applied For

Not Applicable

Zip

Country

Zip

Country

34984

St Lucie

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

COHEN, DAVID

343 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34984

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COHEN, DAVID
343 SE PORT ST. LUCIE BLVD
PORT SAINT LUCIE FL 34984

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

2/24/00 564-336-5020