

2001- UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90464 015 ***150.00

DOCUMENT # P98000035500**1. Entity Name**Nutrition 1ST, Inc.Nutrition 1st
1620 Airport Blvd. Unit 110
Pensacola, FL 32504**Principal Place of Business****Mailing**1620 Airport Boulevard Suite #110
Pensacola FL 32504

553636

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

NUTRITION 1ST

Suite, Apt. #, etc.

1620 AIRPORT BLVD #110

Suite, Apt. #, etc.

City & State

PENSACOLA, FL 32504

City & State**Zip****Country****Zip****Country****4. FEI Number**

59-3522249

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****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!**
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**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Morgan, John
1160 E. Lee St.
Pensacola FL 32503 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
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☐ Delete**TITLE**
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CITY-ST-ZIP
☐ Change ☐ 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 is 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:**John Morgan
John Morgan

4/25/01 (850)473-0034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)