

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071931

1. Entity Name
NUTRITION OUTLET II, INC.FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90251 001 ***150.00

Principal Place of Business
13857 WELLINGTON TRACE #D1
WELLINGTON FL 33414Mailing Address
13857 WELLINGTON TRACE #D1
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0859346

Applied For

Not Applicable

Zip

Country

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

ENGELHARD, SHELDON
THE PLAZA, SUITE 801
5355 TOWN CENTER ROAD STE 801
BOCA RATON FL 33486

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PD
NAME ROSS, SCOTT E
STREET ADDRESS 6345 OCEAN DR.
CITY-ST-ZIP MARGATE FL 33063 ☐ DeleteTITLE
NAME D/P/S/T
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE DV
NAME MOTSAI, WILLIAM J
STREET ADDRESS 10145 NW 43RD ST.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete *Delete*TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD
NAME FERGUSEN, CHRISTOPHER M
STREET ADDRESS 2040 VALENCIA DR
CITY-ST-ZIP DELRAY BEACH FL 33445 ☒ Delete *Delete*TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE DV
NAME Wilson, Heather
STREET ADDRESS 1000 Crystal Way, #1
CITY-ST-ZIP Delray Beach, FL 33444 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-02

0363328
AV

CR2E034 (9/01)