

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90114 040 \*\*\*150.00

0073703 AV

**DOCUMENT # P98000089432**

1. Entity Name

**XTREME NUTRITION OF PALM BEACH, INC.**

Principal Place of Business

**1177 ROYAL PALM BEACH BLVD.  
 ROYAL PALM BEACH FL 33411**

Mailing Address

**1177 ROYAL PALM BEACH BLVD.  
 ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-7441289**

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

**HEROUX, DANIEL P  
 1177 ROYAL PALM BEACH BLVD.  
 ROYAL PALM BEACH FL 33411**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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  
 HEROUX, DANIEL P  
 1177 ROYAL PALM BEACH BLVD.  
 ROYAL PALM BEACH FL 33411**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-09-01

Date

561 792-8006

Daytime Phone #

CR2E034 (5/01)

Attachments

A0676911

7/9/01

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. Box #1500  
TALLAHASSEE, FL.  
#32302-1500

# P98000089432

DOCUMENT # P98000089432  
FEE # 03-7441289

GENTLEMEN-

ENCLOSED HERewith FIND CHECK # 1552 DATED  
7/9/01 IN THE AMOUNT OF \$150.00, SAME AS LAST YEAR.

I NEVER RECEIVED YOUR EARLIER 2001 UNIFORM  
BUSINESS REPORT (UBR) AS IT MUST HAVE BEEN LOST  
IN THE MAIL.

I CALLED YOUR OFFICE TO VERIFY THIS AND  
THEY SAID I WAS CORRECT, AND TO MAIL OUT A CHECK  
IN THE SAME AMOUNT AS LAST YEAR (\$150.00)

THANK YOU,

Paul H.



"He ain't heavy, Father...  
he's my brother"

Xtreme Nutrition of  
Palm Beach, Inc  
1177 Royal Palm Beach Blvd  
Royal Palm Beach FL 33411