

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090931

1. Entity Name
NUTRITION CITY, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90059 034 ***150.00

Principal Place of Business
4025 WEST WATERS AVENUE
TAMPA FL 33614

Mailing Address
4025 WEST WATERS AVENUE
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

4025 W. WATERS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

103

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33614

USA

33614

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3542412

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

HERNANDEZ, ODELIO
4025 WEST WATERS AVENUE
TAMPA FL 33614

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 13, 2000 Min. 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	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ODELIO	
STREET ADDRESS	4025 W. WATERS AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: *Odilio Hernandez* HERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/8/00 813-249-1981

Daytime Phone #

CR2E034 (5/00)

9-08-00

My Partner left with all records
and I just found this second
notice. I'm really new at
this business and during this
time I've been working full
time at Xerox Corp.

Please consider this letter as a request to waive the additional charges at \$550.00 and please allow Nutrition City Inc. to pay the original filing charge of \$150.00.

I'm struggling to keep this business alive and any consideration regarding this matter will be greatly appreciated.

Sincerely,

Pres. Odell Hernandez