

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90476 016 \*\*\*150.00

**DOCUMENT # P99000011793**

**1. Entity Name**  
**NFX APOTHECARY, INC.**

**Principal Place of Business**

~~163 E MORSE BLVD~~  
~~#110~~  
~~WINTER PARK FL 32789~~

**Mailing Address**

~~163 E MORSE BLVD~~  
~~#110~~  
~~WINTER PARK FL 32789~~

**2. Principal Place of Business**

**480 N. ORLANDO AVE**

**3. Mailing Address**

**480 N. ORLANDO AVE**

Suite, Apt. #, etc.

**#133**

Suite, Apt. #, etc.

**#133**

**City & State**

**WINTER PARK FLORIDA**

**City & State**

**WINTER PARK FLORIDA**

**Zip**

**32789**

**Country**

**USA**

**Zip**

**32789**

**Country**

**USA**

**4. FEI Number**

**59-3562699**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**NELSON, LISA**

~~7558 MEGAN ELISSA LANE~~ **1419 E. Amelia St**  
~~ORLANDO FL 32819~~ **Orlando, FL 32803**

**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!!! FEE IS \$150.00**  
**After May 1, 2002 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**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>NELSON, LISA</b>
<b>STREET ADDRESS</b>	<del>7558 MEGAN ELISSA LANE</del>
<b>CITY-ST-ZIP</b>	<del>ORLANDO FL 32819</del>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>NELSON, MICHAEL</b>
<b>STREET ADDRESS</b>	<del>7558 MEGAN ELISSA LANE</del>
<b>CITY-ST-ZIP</b>	<del>ORLANDO FL 32819</del>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>1419 E. Amelia St</b>
<b>CITY-ST-ZIP</b>	<b>Orlando, FL 32803</b>
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>1419 E. Amelia St.</b>
<b>CITY-ST-ZIP</b>	<b>Orlando, FL 32803</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/02**

**407-622-1611**

Date

Daytime Phone #

CF2E034 (9/01)