

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90006 046 ***550.00

DOCUMENT # P99000019216

1. Entity Name
NUTRITION CLUBSTORES, INC.

Principal Place of Business 3600 INVESTMENT LANE, SUITE 102 WEST PALM BEACH FL 33404	Mailing Address 3600 INVESTMENT LANE, SUITE 102 WEST PALM BEACH FL 33404-1753
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 777 HARBOUR ISLAND BLVD	3. Mailing Address Same as place of business
Suite, Apt. #, etc. SUITE 780	Suite, Apt. #, etc.
City & State TAMPA, FL	City & State
Zip 33602	Country USA

4. FEI Number 65-0897810	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
 Name **Peter Hobson**
 Street Address (P.O. Box Number is Not Acceptable)
606 E. Madison ST
 City **Tampa** FL Zip Code **33602**

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 **Peter Hobson** (NOTE: Registered Agent signature required when reinstating) DATE **5/12/00**

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, 2000 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	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME MUSSO, TONY	
STREET ADDRESS 3600 INVESTMENT LANE, SUITE 102	
CITY-ST-ZIP WEST PALM BEACH FL 33404	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ERIC CHRISTIENSON	
STREET ADDRESS 8842 Key West Cir	
CITY-ST-ZIP TAMPA FL 33626	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Michael Muzio	
STREET ADDRESS 4957 Bayshore Blvd	
CITY-ST-ZIP Tampa FL 33611	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **ERIC CHRISTENSON** DATE **5/12/00** DAYTIME PHONE # **(813) 275-0050**

CR2E034 (9/99)