

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90057 005 \*\*\*150.00

**DOCUMENT # P99000091652**

1. Entity Name  
**REESERS NUTRITION CENTER, INC.**



Principal Place of Business  
**3245 EAST SILVER SPRINGS BLVD.  
OCALA FL 34470**

Mailing Address  
**3245 EAST SILVER SPRINGS BLVD.  
OCALA FL 34470**



2. Principal Place of Business

3. Mailing Address

**3243 EAST SILVER SPRINGS  
Suite, Apt. #, etc. Blvd**

**3243 EAST SILVER SPRINGS  
Suite, Apt. #, etc. Blvd**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**OCALA FLORIDA**

City & State  
**OCALA FLORIDA**

4. FEI Number **59-3602253**

Applied For  
Not Applicable

Zip  
**34470**

Country  
**U.S.A**

Zip  
**34470**

Country  
**U.S.A**

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

**PATEL, DARSHANA  
3245 EAST SILVER SPRINGS BLVD.  
OCALA FL 34470**

Name **PATEL DARSHANA**  
Street Address (P.O. Box Number is Not Acceptable)  
**3243 EAST SILVER SPRINGS BLVD**  
City **OCALA** FL Zip Code **34470**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **D.K. Patel**

DATE **3-6-2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PATEL, DARSHANA 3245 EAST SILVER SPRINGS BLVD. OCALA FL 34470</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAR PATEL, DARSHANA 3243 EAST SILVER SPRINGS BLVD OCALA FL 34470</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **D.K. Patel** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-6-2003**

**352-690-2384**

CR2E034 (10/02)