FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000098842 1. Entity Name BENTLEYS HEALTH & NUTR SXS, INC #2

FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90116 035 ***150.00

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	のできた。 September 1997年 - September 1997年 - Sep							
2. Principal Place of Business TEMPORARILY CLOSED - P.O. BOX 780501								
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City & Stat	е	City & State	FL.	4. FI	Number 36- 434048	39	Applied For Not Applicable	
Zìp •	Country	32878	Country USA	5. C	ertificate of Status Desired		5 Additional equired	
				7. Nar	ne and Address of Current Re	gistered Agen	t	
			Name B	Name BENTLEY LOUVIENE				
	DO_NOT_W	RIJE	-Street:Add	rees (P.O. Bo	x.Number:is:Not-Acceptable)-			
	IN THIS SP	ACE	4	30 C	arey war			
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	Me. The state of the state of		Constitution Constitution Con-	LANDO		FL Z	32825	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office or re	gistered age	nt, or both, in the State of Florid	la. I am familiar	with, and accept	
. ine congar	ilons of registered agent.							
SIGNATURE .	Chilly h.	m			4	11410.	3	
`Y	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature	required when rein	stating)	DATE		
, Jai	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00				9. Election Campaign Finance	cina	\$5.00 May Be	
uaua Phasi	Amended UBR is \$61.25 Payable to Florida Department of				Trust Fund Contribution.		Added to Fees	
10.	PRESIDE OFFICERS AND I		and section of the section of	Commence of the second		· property and a second second	 	
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CITY-ST-ZIP			CITY SI-ZIP		and the state of t			
I2. I hereby c	ertify that the information supplied with	this filing does not qualify fo	r the exemption stated	in Section 11	9.07(3)(i), Florida Statutes. I fu	rther 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 of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

407-381-2900