

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90108 027 ***150.00

DOCUMENT # V34886

1. Entity Name
VITAMIN DISCOUNTERS OF AMERICA INC.

Principal Place of Business

1662 N. FEDERAL HWY
BOCA RATON FL 33432
US

Mailing Address

~~365 GREENWOOD CT~~
~~VILLANOVA PA 19085~~

2. Principal Place of Business

3. Mailing Address

1662 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOCA RATON FL

4. FEI Number

65-0327310

Applied For

Not Applicable

Zip

Country

Zip

Country

33432

USA

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

FRIEDMAN, ALTON
22887 ROYAL CROWN TERR
BOCA RATON FL 33433

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MORRIS, JAY**
STREET ADDRESS ~~365 GREENWOOD CT~~
CITY-ST-ZIP ~~VILLANOVA PA 19085~~

TITLE **P** ☒ Change ☐ Addition
NAME **MORRIS, JAY**
STREET ADDRESS **1662 N. FEDERAL HWY**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **V** ☐ Delete
NAME **MORRIS, JODI**
STREET ADDRESS **365 GREENWOOD CT**
CITY-ST-ZIP **VILLANOVA PA 19085**

TITLE **V** ☒ Change ☐ Addition
NAME **MORRIS, JODI**
STREET ADDRESS **1662 N. FEDERAL HWY**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

561-391-3240

Day

Daytime Phone #

CR2E034 (9/01)