

9/18

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 01, 2002 8:00 am
Secretary of State

09-18-2002 90054 018 ****50.00

DOCUMENT # L01000016713

1. Entity Name
AMERICAN GENERICS & NUTRITIONALS, LLC

Principal Place of Business
12385 AUTOMOBILE BLVD
CLEARWATER FL 34622

Mailing Address
12385 AUTOMOBILE BLVD
CLEARWATER FL 34622

43370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 5th Aved
Suite, Apt. #, etc. **522**
City & State **Naples FL**
Zip **34102** Country **USA**

3. Mailing Address
c/o Richard Santarve
500 5th Aved.
Suite, Apt. #, etc. **522**
City & State **Naples FL**
Zip **34102** Country **USA**

4. FEI Number
59-3742552

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ENGLANDER, LEONARD S
721 1ST AVE N
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent
Name **DONALD P. REED**
Street Address (P.O. Box Number is Not Acceptable)
100 SECOND AVE. SOUTH
200-5
City **ST. PETERSBURG FL** Zip Code **33701**

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 *Donald P. Reed* **DONALD P. REED** **9/17/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Richard Santarve* **Richard Santarve** **9/10/02**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (4/02)