

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91324 016 ***150.00

0482827 AV

DOCUMENT # **P97000082726**



1. Entity Name
**NUTRACEUTICAL CLINICAL LABORATORIES INTERNATIONAL
L, INC.**

Principal Place of Business
**3542 MORRIS ST. N.
ST. PETERSBURG FL 33713**

Mailing Address
**3542 MORRIS ST. N.
ST. PETERSBURG FL 33713**



2. Principal Place of Business
2440-30TH AVE. N.
Suite, Apt. #, etc.

3. Mailing Address
2440-30TH AVE. N.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ST. PETERSBURG, FL
Zip
33713
Country
USA

City & State
ST. PETERSBURG, FL
Zip
33713
Country
USA

4. FEI Number
59-3638624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOEPKE, PATRICIA A
3542 MORRIS ST. N.
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2440-30TH AVE. N.
City **ST. PETERSBURG** FL Zip Code **33713**

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 *Patricia A. Koepke* **PATRICIA A. KOEPKE**
Signature, typed or printed name of registered agent and title if applicable.

4-21-03
DATE

(NOTE: Registered Agent signature required when reinstating)

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	CCEO HARRISON, GARY L 3542 MORRIS ST. N. ST. PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO ELLINGER, EMERY III 3542 MORRIS ST. N. ST. PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KOEPKE, PATRICIA A 3542 MORRIS ST. N. ST. PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CATACOSINOS, WILLIAM J 2 ROBBINS LANE, #201 JERICHO NY 11753	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ORCHARD, JAMES A 3542 MORRIS ST. N. ST. PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD GOLDFARB, RICHARD M 3542 MORRIS ST. N. ST. PETERSBURG FL 33713	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2440-30TH AVE. N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2440-30TH AVE. N.	<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	2440-30TH AVE. N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO 2440-30TH AVE. N.	<input checked="" 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: *Patricia A. Koepke* **PATRICIA A. KOEPKE** **4-21-03** **727-526-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment#
80095-435

Document #:

P97000082726

Nutraceutical Clinical Laboratories International, Inc.

Additional Officers & Directors

Page 2

V

William M. Hesler
2440 - 30th Avenue North
St. Petersburg, FL 33713

D

Robert Gillham
800 Third Avenue
New York, NY 10022-7604

D

Kathy A. Joiner
SunTrust Bank, South Georgia
P.O. Box 200
Thomasville, GA 31799

D

Phil E. Pearce
6624 Glenleaf Court
Charlotte, NC 28270

D

George Sideris
2150 Center Avenue, Apt. 19G
Fort Lee, NJ 07024