## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#** F01000000903 1. Entity Name

CLINICAL RESULTS, INC.

Principal Place of Business

Mailing Address

**FILED** Jul 28, 2002 8:00 am Secretary of State 07-28-2002 90197 047 \*\*\*150.00

78-140 CALLE TAMPICO LA QUINTA CA 92253		78-140 CALLE TAMPICO LA QUINTA CA 92253		1101	10 <b>20</b> 202 <b>00</b> 407 10 <b>0</b> 07 <b>00</b> 071 <b>00</b> 070	<b>40</b> 11/2 <b>20</b> 12) <b>20</b> 21( <b>20</b> 11 <b>)</b> 2011	II <b>Gaibe</b> siik i <b>ac</b> i	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Num	4. FEI Number 94-3379635 App			7
Zip	Country	Zip	Country	5. Certifica	te of Status Desired	\$8.75 Ac		1
	6. Name and Address of Current F	legistered Agent	1	7. Name an	nd Address of New Reg			+
			Name			Joseph Agent		1
POLLOCI 5900 CFI	k, david Ntral ave., ste k	Street Addres		Address (P.O. Box Num	ss (P.O. Box Number is Not Acceptable)			
	RSBURG FL 33707				1. 2			
-(			City	* **		FL Zip Coo	de	1
8. The above	e named entity submits this statement for	the purpose of changing its	registered office	or registered agent, or b	oth, in the State of Florid		and accord	-
the obliga	tions of registered agent.		3	ar a gant, ar s	out, in the clate of Florid	a. Tam isminal Will	, and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent sign	ature 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 \$550.00 \$1  After September 13, 2002 Fee will be \$750  Make Check Payable to Department of St		be \$750.00	lection Campaign Financrust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND D		12.		CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	1
TITLE	PD	☐ Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition	ŝ
NAME STREET ADDRESS	POLLOCK, DAVID		NAME					3
STREET ADDRESS CITY-ST-ZIP	5900 AVENUE STE K		STREET ADDRESS					5
TITLE	ST PETERSBURG FL		CITY-ST-ZIP		<del></del>	731.		100
NAME	VD KOVAC, DENISE	☐ Delete	TITLE			Change	☐ Addition	٥
STREET ADDRESS	78-140 CALLE TAMPICO		STREET ADDRESS					
CITY-ST-ZIP	LA QUINTA CA		CITY-ST-ZIP					
TITLE	S	☐ Delete	TITLE		1 1	Change	Addition	
NAME	ALLEN, <del>RANDY</del>		NAME	KANDY		× onunge		
STREET ADDRESS	78-140 CALLE TAMPICO		STREET ADDRESS	,				
CITY-ST-ZIP	LA QUINTA CA		CITY-ST-ZIP					
TITLE	T	Delete	TITLE	TREASURER	-	☐ Change	Addition	
NAME Street address	MEDNICK, BOB		NAME	KEVIN MO	CKEON, CFO			
CITY-ST-ZIP	1499 E. PALMETTO PARK RD, STI BOCA RATON FL	E 212	STREET ADDRESS CITY-ST-ZIP	1499 E. P.	ALMETTO PK	RD, SIE 2	12	
TITLE	CD	☐ Delete	TITLE	BOCA RAT	ON, FL			
NAME	HAY, BILL	- Delete	NAME	İ		🔀 Change	☐ Addition	
STREET ADDRESS	7 <del>8-140 CALLE TAMPICO -</del>		STREET ADDRESS	1499 E. PAL	METTO PK A	D, STE 31.	,	
CITY-ST-ZIP	LA QUINTA CA-	<del></del> .	CITY-ST-ZIP	BOCA RAT	ON FL	, , , , out =	-	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME				_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				ľ	
			CITY-ST-ZIP	I				

13. I hereby certify that the information supplied with this filling 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 is Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## THANE INTERNATIONAL, INC. HARCHMORE



78-140 CALLE TAMPICO LA QUINTA, CA 92253 USA www.thane.com

#F010000093 122853

July 16, 2002

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, Florida 32302-1500

RE: 2002 Uniform Business Report

Clinical Results, Inc. / EIN# 94-3379635

Business Property @ 5900 Central Ave., Suite K St. Petersburg, FL 33707

## **GENTLEMEN:**

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Attached please find the check in the amount of \$150.00, which represents the filing fee for the above-stated entity. We did not receive your 2002 UBR form until July 12, 2002. We therefore were unable to meet the deadline of May 1, 2002 for its filing.

Should you have any questions, please contact the undersigned at (760) 777-0217 ext. 202.

Regards,

Kandy Lee Allen, Esq.

General Counsel / Corporate Secretary of

Clinical Results, Inc.