

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90128 039 \*\*\*150.00

**DOCUMENT # F97000002778**

**1. Entity Name**  
**NUTRILAB CORPORATION**



**Principal Place of Business**  
**4020 PARK STREET NORTH**  
**#201A**  
**ST PETERSBURG FL 33709**

**Mailing Address**  
**4020 PARK STREET NORTH**  
**#201A**  
**ST PETERSBURG FL 33709**



**2. Principal Place of Business**  
**100 SECOND AVES.**  
**Suite, Apt. #, etc.**  
**# 200**

**3. Mailing Address**  
**100 SECOND AVES.**  
**Suite, Apt. #, etc.**  
**# 200**

CHECK HERE IF MAKING CHANGES

**City & State**  
**ST. PETERSBURG FL**  
**City & State**  
**ST. PETERSBURG FL**  
**Zip**  
**33701**  
**Country**  
**Zip**  
**33701**  
**Country**

**4. FEI Number** **22-3508101** **Applied For**  
**Not Applicable**

**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, JEFFREY**  
**4621 MIRABELLE CT**  
**ST PETE BEACH FL 33706**

**Name**  
**2209 PASADENA PLACE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**GULFPORT** **FL** **33708**  
**City** **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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Jeffrey Friedman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** **\$5.00 May Be**  
**Trust Fund Contribution.**  **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVP	FRIEDMAN, JEFFREY	4621 MIRABELLA CT	ST PETE BEACH FL 33706	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2209 PASADENA PLACE	GULFPORT FL 33708	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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 title empowered.**

**SIGNATURE:** *Jeffrey Friedman*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #

CR2E034 (10/02)