

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 08:00 AM
Secretary of State

DOCUMENT # H40770

1. Entity Name
GENERAL RESEARCH OF FLORIDA AND ISO-NUTRIENTS OF FLORIDA, INC.

Principal Place of Business 112 GOVERNOR ST GREEN COVE SPRINGS 32043	FL	Mailing Address 112 GOVERNOR ST GREEN COVE SPRINGS 32043	FL
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2. Principal Place of Business 1828 LAKE FOREST LANE	3. Mailing Address 1828 LAKE FOREST LANE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORANGE PARK FL	City & State ORANGE PARK FL
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4. FEI Number 59-2494834	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 32003	Country US	Zip 32003	Country US
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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

RIFFEL, DONALD H.
 112 GOVERNOR ST

 GREEN COVE SPRINGS FL
 32043

Name RIFFEL, DONALD H.
Street Address (P.O. Box Number is Not Acceptable) 1828 LAKE FOREST LANE
City ORANGE PARK
State FL
Zip Code 32003

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.

04/04/2001
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD RIFFEL, DONALD H. 112 GOVERNOR ST. GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIFFEL, DONALD H. 1828 LAKE FOREST LANE ORANGE PARK FL 32003	<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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DONALD H. RIFFEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PTD 04/04/2001
Date

Daytime Phone #

CR2E034 (11/00)