

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**

2. Principal Place of Business

**500 5th Aves**

3. Mailing Address

**500 5th Aves.**

Suite, Apt. #, etc.

**522**

Suite, Apt. #, etc.

**522**

City &amp; State

**Naples FL**

City &amp; State

**Naples FL**

Zip

**34102**

Country

**USA**

Zip

**34102**

Country

**USA**

4. FEI Number

**59-3742552**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

**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****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
	<b>MGR</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>Richard Santorre</b>	<b>500 5th Ave So #522</b>	<b>Naples, FL 34102</b>	

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

10. ADDITIONS/CHANGES

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Santorre****REQUIRED****9/10/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)