

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006025**

1. Entity Name  
**NUTECH LABORATORIES, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG 14 AM 10:02

Principal Place of Business 6640 EMBASSY BLVD. PORT RICHEY FL 34668	Mailing Address 6640 EMBASSY BLVD. PORT RICHEY FL 34668-4737
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*[Handwritten Signature]*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3609918**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PSETAS, GEORGE C**  
6710 EMBASSY BLVD., SUITE 105  
PORT RICHEY FL 34668

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**800003370078-4**

~~08/23/08~~ ~~01098-015~~

\*\*\*\*\*50.00 \*\*\*\*\*50.00

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR <b>TANNER, LARRY</b> STREET ADDRESS 6640 EMBASSY BLVD. CITY-ST-ZIP PORT RICHEY FL 34668	<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 Tanner, Larry MGR M STREET ADDRESS 6640 Embassy Boulevard CITY-ST-ZIP Port Richey, Florida 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Joel H. Goldberg MGR M STREET ADDRESS 6710 Embassy Boulevard Suite 105 CITY-ST-ZIP Port Richey, Florida 34668	<input type="checkbox"/> Change <input checked="" 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**JOEL H. GOLDBERG**      **REQUIRED**      Joel H. Goldberg

CF2E083 (9/99)