## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

LARGO FL 33777

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

6950 BRYAN DAIRY ROAD

## P00000037742 DOCUMENT #

1. Entity Name

LARGO FL 33777

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

6950 BRYAN DAIRY ROAD

BREAKTHROUGH ENGINEERED NUTRITION, INC.

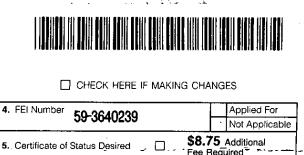
Country



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90053 012 \*\*\*150.00

PAAALLaaa



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEKHARAM, KOTHA S Street Address (P.O. Box Number is Not Acceptable) 6950 BRYAN DAIRY RD. **LARGO FL 33777** City Zip Code

Country

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

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE .

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/02) ☐ Delete TITLE ☐ Change ☐ Addition TANEJA, JUGAL NAME NAME STREET A TRESS 6950 BRYAN DAIRY ROAD STREET ADDRESS CITY-ST-ZIP LARGO FL 33777 CITY-ST-ZIP CEOD Delete TITLE `□ Change ☐ Addition NAME TANEJA, MIHIR NAME STREET ADDRESS 6950 BRYAN DAIRY ROAD STREET ADDRESS CITY-ST-ZIP LARGO FL 33777 CITY - ST - 7IP TITLE **CFOV** ☐ Delete TITLE ☐ Change ☐ Addition DORE-FALCONE, CAROL NAME NAME STREET ADDRESS 6950 BRYAN DAIRY ROAD STREET ADDRESS CITY-ST-7IF LARGO FL 33777 CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 like empowered.

SIGNATURE