

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90880 030 ***150.00

0036024 AV

DOCUMENT # P01000075350

1. Entity Name
ADVANCED NUTRITIONAL BIOSYSTEMS, INC.

Principal Place of Business **Mailing Address**
800 N MAGNOLIA AVE STE 1500 **800 N MAGNOLIA AVE STE 1500**
ORLANDO FL 32803 **ORLANDO FL 32803**

2. Principal Place of Business **3. Mailing Address**
8034 Sunport Drive **P.O. Box 533736**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 401

City & State **City & State**
Orlando, Florida **Orlando, Florida**

Zip **Country** **Zip** **Country**
32809 **USA** **32853** **USA**

4. FEI Number **Applied For**
59-3743377 **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DANIELS, ALAN H
800 N MAGNOLIA AVE STE 1500
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
DEAN MEAD SERVICES, LLC
Street Address (P.O. Box Number is Not Acceptable)
800 N. MAGNOLIA AVENUE, SUITE 1500
City **FL** **Zip Code**
ORLANDO **32803**

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.
DEAN, MEAD, EGERSON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., Sole Member of DEAN MEAD SERVICES, LLC
By: [Signature] Alan H. Daniels, Vice Pres. 3/24/02
SIGNATURE **DATE**
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/P/S/T
STREET ADDRESS	ALAVI, SIA-MACK
CITY-ST-ZIP	P. O. BOX 533736 ORLANDO, FL 32853
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 employment.

SIGNATURE:  **SIA-MACK, ALAVI, SIA-MACK, P.A., Sole Member of DEAN MEAD SERVICES, LLC**

3/20/2002 **(407) 509-1124**
 Date Daytime Phone #

CR2E034 (9/01)