

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90204 004 ***150.00

0424797 AV

DOCUMENT # P01000078673



1. Entity Name
FLORIDA SPORT NUTRITION DISTRIBUTORS, INC.

Principal Place of Business
**6795 HATRERAS DRIVE
LAKE WORTH FL 33467**

Mailing Address
**6795 HATRERAS DRIVE
LAKE WORTH FL 33467**



2. Principal Place of Business

912 3rd St. N

3. Mailing Address

965 Woodwinds Blvd

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Safety Harbor, FL

City & State
Tarpon Springs, FL

4. FEI Number **65-1128292**

Applied For
 Not Applicable

Zip Country
34695 USA

Zip Country
34689 USA

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **MARIE CONRAD**
Street Address (P.O. Box Number is Not Acceptable)
965 Woodwinds Blvd
City **Tarpon Springs** **FL** Zip Code **34689**

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 **Marie Conrad**

4/4/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONRAD, CHRISTOPHER A	
STREET ADDRESS	6795 HATRERAS DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	CONRAD, MARIE E	
STREET ADDRESS	6795 HATRERAS DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: **Marie Conrad**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 **727-791 4446**
Date Daytime Phone #

CR2E034 (10/02)