

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 Westwinds Blvd

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Tarpon Springs, FL

Zip

34695

Country

USA

Zip

34689

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1128292

Applied For

Not Applicable

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 Westwinds 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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (10/02)