

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

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90018 019 \*\*\*150.00

DOCUMENT # *P03000047609*

1. Entity Name

*All-Pro Bodybuilding Supplements, Inc.*



**DO NOT WRITE IN THIS SPACE**

**44022932**

2. Principal Place of Business

*8903 ABERDEEN CREEK CIR*

Suite, Apt. #, etc.

3. Mailing Address

*8903 ABERDEEN CREEK CIR*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*RIVERVIEW, FLORIDA*

Zip  
*33569*

Country

*UNITED STATES*

City & State

*RIVERVIEW, FLORIDA*

Zip  
*33569*

Country

*UNITED STATES*

4. FEI Number

*74-3095642*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Fred Seifert*

Street Address (P.O. Box Number is Not Acceptable)

*1701 OAK BRANCH CT*

City

*BRANDON*

**FL**

Zip Code

*33511*

**DO NOT WRITE  
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Fred Seifert*

*3/15/04*

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT (P) RICHARD S. COCHRAN 8903 ABERDEEN CREEK CIR RIVERVIEW, FL 33569</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE-PRESIDENT (V) TAM HARRISON 9226 SUNNY OAK DR RIVERVIEW, FL 33569</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY/TREASURER (T/S) KAREN S. COCHRAN 8903 ABERDEEN CREEK CIR RIVERVIEW, FL 33569</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard S. Cochran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03-15-04*

Date

*(813) 477-3842*

Daytime Phone #

CR2E034B (12/02)