

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90135 013 ***150.00

DOCUMENT # P28305

1. Entity Name
TWIN LABORATORIES INC.



Principal Place of Business
**2120 SMITHTOWN AVE.
RONKONKOMA NY 11779**

Mailing Address
**150 MOTOR PARKWAY
HAUPPAUGE NY 11788**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **87-0467271**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BLECHMAN, DEAN	
STREET ADDRESS	2120 SMITHTOWN AVE.	
CITY-ST-ZIP	RONKONKOMA NY 11779	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BLECHMAN, NEIL	
STREET ADDRESS	2120 SMITHTOWN AVE.	
CITY-ST-ZIP	RONKONKOMA NY	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	BLECHMAN, ROSS	
STREET ADDRESS	2120 SMITHTOWN AVE.	
CITY-ST-ZIP	RONKONKOMA NY	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BLECHMAN, BRIAN	
STREET ADDRESS	2120 SMITHTOWN AVE.	
CITY-ST-ZIP	RONKONKOMA NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLECHMAN, STEVE	
STREET ADDRESS	2120 SMITHTOWN AVE.	
CITY-ST-ZIP	RONKONKOMA NY 11779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blechman, Neil	
STREET ADDRESS	2120 Smithtown Ave.	
CITY-ST-ZIP	Ronkunkoma, NY 11779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blechman, Brian	
STREET ADDRESS	2120 Smithtown Ave	
CITY-ST-ZIP	Ronkunkoma, NY 11779	
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 REQUIRED
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (10/02)