2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000048096 DOCUMENT#

1. Entity Name

TOTAL NU	JTRITION	CENTER, INC.		-			03 JUL 14 PM 10: 4	-		
Principal Place of Business 1530 MCMULLIN BOOTH RD SUITE D-10 CLEARWATER FL 33759 US			SUITE D-10	1530 MCMULLIN BOOTH RD SUITE D-10 CLEARWATER FL 33759			SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal P	lace of Busin	ess	3. Mailing Address	3. Mailing Address			K 1881(1881 118 1818) B141 8814 8814 8814 B141 81	1881 BLOBE BBLDE BB	AIN INDIN DIKE KANE	
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	е		City & State	City & State			FEI Number 59-3316641 Applied For Not Applica			
Zip Country			Zip	Zip Country					3.75 Additional e Required	
	6. Name	and Address of Curr	ent Registered Agent	I .		7.	7. Name and Address of New Registered Agent			
HAKIMIAN, GARY E 1530 MCMULLIN BOOTH RD SUITE D-10					Name Street Address (P.O. Box Number is Not Acceptable)					
CLEARWA	TER FL 337	759			City			FL Zip (Code	
	named entititions of regist		nt for the purpose of chang	ging its registere	ed office or re	gistered a	gent, or both, in the State of Florida.	am familiar w	nth, and accept	
SIGNATURE .	Signature, typed	or printed name of registered a	agent and title if applicable.	(NOTE: Registere	d Agent signature r	required when	reinstating) D/	ATE		
After May(1): FEE (IS \$150,00) After May(1): 2003 Fee Willibe \$550,00) Make Check Payable To Florida Department of States.							9. Election Campaign Financing Trust Fund Contribution.		5.00 May Be dded to Fees	
10.	1==	OFFICERS A	AND DIRECTORS	11.		Al	DDITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, gary e Iulen Booth Rd, Ter Fl 33759	Deleti	NAM! STRE		;	000021519: 07/14/0301064010	□ Chan L ⊝ □ **450.	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1530 MCM	, maureen k Jullen Booth RD Ter FL 33759	□ Delet	NAM! STRE			212	Chan	ige 🗍 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Defet	NAM STRE		Pal	\$ 450.05 \$ 450.05	☐ Chan	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Deleti	· NAMI STRE			K # 1003	☐ Chan	ige 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Deleti	e TITLE NAME STRE		- (4/17/	☐ Chan	ge Agoition	
TITLE NAME			Deleti	e TITLE			,	☐ Chan	ige Addition	

12. Thereby certify that the information supplied with this filling 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 st changed, or on an attachment with an address, with all other the empowered.

CITY-ST-ZIP

SIGNATURE:

CITY - ST- ZIP

FILED

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TOTAL NUTRITION CENTER

Your Good Health Source

1530 McMullen Booth Rd. • Clearwater, FL 33759

7/03/03

From:

Gary Hakimian Tel. 727-724-1111 Fax. 727-724-1818

To:

Florida Dept. Of State Division Of Corporations P.O. Box 6327 Tallahassee, FL 32399

Re:

2003 Uniform Business Report

We were quite disturbed to receive a second request for the annual filing of our corporate reports. After calling your office I was told that there was no record of any of the three reports that we had filed together in April of this year. I have also checked with our bank and found that our check to you was never presented for payment indicating that our filings seem to be lost somewhere.

I have included copies of our three corporate filings which I have signed again for an original signature, a copy of the original check sent to you on 4/14/03 and a new replacement check in the amount of \$450.00. I will check your website in a couple of weeks to verify that our filings were processed. Thank you for your assistance.

Sincerely,

Gary E. Hakimian