

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068632

1. Entity Name

NUTRALINE DISTRIBUTORS, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90079 015 \*\*\*150.00

Principal Place of Business 6201 118TH AVENUE, NORTH LARGO FL 34643	Mailing Address 6201 118TH AVENUE, NORTH LARGO FL 34643
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2. Principal Place of Business <i>12826 Commodity Place</i> Suite, Apt. #, etc.	3. Mailing Address <i>12826 Commodity Place</i> Suite, Apt. #, etc.
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City & State <i>Tampa FL</i>	City & State <i>Tampa FL</i>
Zip <i>33626</i>	Zip <i>33626</i>
Country <i>Hillsborough</i>	Country <i>Hillsborough</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3341675</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUNIS, ALEXANDER  
6201 118TH AVENUE NORTH  
LARGO FL 34643-2525

7. Name and Address of New Registered Agent

Name  
*Kunis, Alexander*

Street Address (P.O. Box Number is Not Acceptable)  
*12826 Commodity Place*

City  
*Tampa* FL Zip Code  
*33626*

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KUNIS, ALEXANDER 6201 118TH AVENUE, NORTH LARGO FL 34643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Kunis, Alexander 12826 Commodity Place Tampa FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alexander Kunis* 4/28/01 813-854-4601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)