

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90690 021 ***150.00

DOCUMENT # P99000011393

1. Entity Name
GLADIATOR NUTRITION, INC.

Principal Place of Business

**3418 S HOPKINS AVE
TITUSVILLE FL 32780**

Mailing Address

**3380 PARKLAND ST.
TITUSVILLE FL 32796**

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

59-3552530

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

**BIEGLER, REGGIE
3380 PARKLAND ST.
TITUSVILLE FL 32796**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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)** ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☐ Delete
NAME **ROGERS, KIMBERLY**
STREET ADDRESS **3380 PARKLAND STREET**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

Kimberly Rogers VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

#P990000 11393

May 18, 2002

Dear Sir:

My name is Kimberly Rogers and I own Gladiator Nutrition along with my husband. My husband is 100% disabled with a broken back and is unable to work at all. I operate the store all by myself. At the end of April, I had to go to Maryland for a family emergency and we had to close the store for an indefinite period of time. I was not able to mail the Uniform Business Report by May 1st. I spoke to a representative from your office and she suggested that I write a letter to explain our dilemma and possibly get the late fee waived? I have enclosed a check for \$150 for the original fee. If you need to contact me, please call (321)385-9486. Thank you for your time and consideration.

Sincerely,



KIMBERLY ROGERS