2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000053080

1. Entity Name
PKI NUTRITION, INC.

Principal Place of Business	Mailing Address
15431 FLIGHT PATH DRIVE	15431 FLIGHT PATH DRIVE
BROOKSVILLE FL 34609	BROOKSVILLE FL 34609

2. Principal Place of Business		3. Mailing Address	
15431 FLIGHT PATH DRIVE		15431 FLIGHT PATH DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BROOKSVILLE FL		City & State: BROOKSVILLE FL	
Zip: 34604	Country:	Zip: 34604	Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1054842 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE HOGAN LAW FIRM, P.A.
20 SOUTH BROAD STREET
BROOKSVILLE FL
34601 US

7. Name and Address of New Registered Agent

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 ____________________ 02/26/2001
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, 2001 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	VD ☐ Delete	TITLE	VD ☒ Change ☐ Addition
NAME	IRVING THEODORE C	NAME	IRVING THEODORE C
STREET ADDRESS	15431 FLIGHT PATH DRIVE	STREET ADDRESS	15431 FLIGHT PATH DRIVE
CITY-ST-ZIP	BROOKSVILLE FL 34609	CITY-ST-ZIP	BROOKSVILLE FL 34604
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	RECKNER CHRISTOPHER K	NAME	RECKNER CHRISTOPHER K
STREET ADDRESS	15431 FLIGHT PATH DRIVE	STREET ADDRESS	15431 FLIGHT PATH DRIVE
CITY-ST-ZIP	BROOKSVILLE FL 34609	CITY-ST-ZIP	BROOKSVILLE FL 34604
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Christopher K. Reckner PD 02/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #