

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087667

1. Entity Name
TOTAL NUTRITION CENTER PRODUCTS, INC.



FILED

03 JUL 14 PM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1530 MCMULLEN BOOTH RD.
CLEARWATER FL 33759

Mailing Address
1530 MCMULLEN BOOTH RD.
CLEARWATER FL 33759

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 NOT APPLICABLE

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAKIMIAN, GARY E
1530 MCMULLEN BOOTH RD.
CLEARWATER FL 33759

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 \$850.00
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 PD
NAME HAKIMIAN, GARY E
STREET ADDRESS 1530 MCMULLEN BOOTH RD, D-10
CITY - ST - ZIP CLEARWATER FL 33759 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP 100021519251
07/14/03--01064--010 **450.00

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

727-724-1111

Daytime Phone #

CR20034 (10/02)

TOTAL NUTRITION CENTER
VITAMINS MINERALS HERBS SPORTS SUPPLEMENTS

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

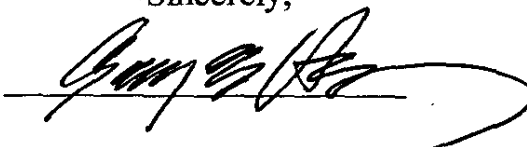
Re:

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