

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90411 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000100892 1. Entity Name GENETIC NUTRITIONAL SCIENCES, INC.					
Principal Place of Business 2012 FOREST VIEW DRIVE PALM HARBOR, FL 34683			Mailing Address 2012 FOREST VIEW DRIVE PALM HARBOR, FL 34683		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3616588	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GONZALES, LARRY J 2739 US HWY 19 STE 223 HOLIDAY, FL 34691				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent Signature required when appointing) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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 NAME STREET ADDRESS CITY-STATE-ZIP	D KUNIS, ALEXANDER 2012 FOREST VIEW DRIVE PALM HARBOR, FL 34683	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KUNIS, AMY 2012 FOREST VIEW DRIVE PALM HARBOR, FL 34683	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete			
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: <u>Alex Kunis</u> <u>Alex Kunis</u> <u>4/28/03</u> <u>727-784-2417</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

70053039



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)