## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 05, 2003 8:00 am Secretary of State

1. Entity Na	JMENT # N22150  IIBEL NATURISTS, INC.					01-23	3-2003 9	90051 041 *°	***61.25	
, ,		Mailing Address  4370 ORANCE GROVE BLW P.O. BOX 6789 FT. MYERS FL 33911	<b>D</b>	<del>-</del>	11000000000	er <b>a</b> ra (r <b>ad</b> ) sk <b>a</b> o	I <b>(1</b> 141) <b>(11</b> 41 <b>(</b> 1	Bir Bridik Debik didik b	13.11 BYOK! 1981)	
2. Principal 945 Suite, Apt	Place of Business  LUCIA ORIUE  , #, etc.	3. Mailing Address  O Gox 6  Suite, Apt. #, etc.	789				<b>                                    </b>			
City & Sta		City & State	ne m1		4. FEI Number			KING CHANGE	Applied For	7
Zip	GORDA, FL Country	FT MYEN	Country		5. Certificate of S		·	\$8.75 A		•
3:27	6. Name and Address of Current I	Dayletered Agent	W51	<i></i>				Fee Requir	ed	4
	G. Hame and Address of Current	radistered whent	Name		7. Name and Ad	Ureas of Na	N Hegiste	red Agent		$\dashv$
SHAW, G	. ·			*		<u> : </u>		_}		
	TERRAVERADE CIRCLE	-00 <u></u>		×ασī ės€ (i	O.Box.Number.is	NOT ACCUDE	lable)		<del>د- ۰ عر</del>	_ _
FORT M	YERS FL 33908									
•			City					FL Zip Co	de .	7
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or registere	ed agent, or both, in	n the State o	of Florida.	am familiar with	, and accept	
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SIGNATURE	Signature, typed or printed name of registered agent as		Registered Agent signs			············		ATE		1
				more reduced	when dinstand)		0.	-16		
7					when reinstating)					4
₹ 6	FILE NOW: FEE IS \$61.25		paign Financing		\$5.00 May Be Added to Fees		Make Cl	neck Payable partment of		
₹ 6:		9. Election Carr Trust Fund Co	paign Financing	0	\$5.00 May Be Added to Fees	Flo	Make Cl orida De	neck Payable partment of	State	
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TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIR P CUDDINY, ROB 945 LUCIA DRIVE PUNTA GORDA FL 33950 D AHLERT, GLEN	9. Election Carr Trust Fund Co	paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	GUD	\$5.00 May Be Added to Fees DDITIONS/CHANG	FIG BES TO OFF	Make Clorida De	neck Payable partment of	State	2E037 (10/
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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 617, 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.

CICMATUDE

SCHOLAR AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylore Proper 8