

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90077 031 \*\*\*150.00

DOCUMENT # **P98000013194**  
1. Entity Name  
**NATURAL SURFACTANT COMPANY**

Principal Place of Business      Mailing Address  
**2116 SILVER LEAF CT.**      **2116 SILVER LEAF CT**  
**LONGWOOD, FL 32779**      **LONGWOOD, FL 32779**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59 3493043**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**PROCOPIO, ROBERT A.**  
**2116 SILVER LEAF CT**  
**LONGWOOD, FL 32779**

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 \_\_\_\_\_ (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, 2000 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  
TITLE       Delete  
NAME      **D PROCOPIO, ROBERT A.**  
STREET ADDRESS      **2116 SILVER LEAF CT**  
CITY-ST-ZIP      **LONGWOOD, FL 32779**  
TITLE       Delete  
NAME      **D SCHNIEPP, BARRY P.**  
STREET ADDRESS      **208 ECHO HOLLOW WAY**  
CITY-ST-ZIP      **ONEIDO, FL 32765**  
TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Robert A. Procopio**      **ROBERT A. PROCOPIO**      **4/24/00**      **407 333 0982**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)