2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # V14123** 1: Entity Name BULK-N-NATURAL FOODSTORE, INC. 03-19-2001 90488 020 ***150.00 Principal Place of Business Mailing Address 3737 BAHIA VISTA STREET 3737 BAHIA VISTA STREET SARASOTA FL 34232 SARASOTA FL 34232 C0035181 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0316518 Not Applicable Country **\$8.75** Additional _ = Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRABER, DAVID L. Street Address (P.O. Box Number is Not Acceptable) 448 GOLDEN SANDS DRIVE SARASOTA FL 34232 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE Delete TITLE GRABER, DAVID L. NAME NAME STREET ADDRESS STREET ADDRESS 448 GOLDEN SANDS DR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Addition ☐ Change ☐ Delete TITLE TITLE GRABER, MIRIAM NAME NAME STREET ADDRESS STREET ADDRESS 448 GOLDEN SANDS DR CITY-ST-ZIP CITY-ST-ZIP** SARASOTA FL 34232 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME KNEPP, LOVINA FERN NAME STREET ADDRESS STREET ADDRESS 1091 ANNIE LAURIE LN CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE: David Labre David L. Graber 3-17-01 944-957-0595

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.