2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013194

Entity Name

NATURAL SURFACTANT COMPANY

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

05-11-2000 90077 031 ***150.00

Principal Plai	ce of Business		
2116	SILVE	(LE	AFCT,
LONG	Goow	FL	22779

Mailing Address

2116 SILVER LEAFET LONGWOOD, FL 32779

Principal	Place of Bus	iness	3. Mailing Address						
Suite, Ap	Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Sta			City & State		4.	4. FEI Number 59 3493043			applied For
Zip	4	Country	Zip	Country	5.	Certificate of Status Desired	\$	8.75 Ad	ditional
	6. Nam	│ ne and Address of Currer	 nt Registered Agent	1	7. I	Name and Address of New R		•	50
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n	ROCOPIO, ROBERT A.				treet Address (P.O. E	Box Number is Not Acceptable	.)		
	2116 SILVER LEAF CT								
1	006	WOOD FL	32779						
	LONGWOOD, FL 32779			С	ity		FL Zip Code		de
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he abov	re named ent	ity submits this statement	for the purpose of changing	g its registered o	ffice or registered ag	ent, or both, in the State of Flo	orida.		
NATURE	Cionatus tuno	d or printed name of registered age	et and tille if arralicable	(NOTE: Registered Age	ent signature required when re	oinetating)	DATE		
	Signature, type	o or printed name of registered age	int and little if applicable শুনুক্তিক্তিক্তিক্তিন্দ্ৰিক্তিক্তি	;NOTE: Hegistered Age	ant signature required when it	Jinstating)		_	
This corp	ooration is eli	gible to satisfy its Intangib	ole FILE NO	Will FEE IS	\$150.00	10. Election Campaign Fin	ancino	\$5.0	00 May Be
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See crit	eria on back)		Make Check Pa	yable to Depa		4			
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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 regeiver of 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 at other like empowered.

**ROCOPIO 4/24/po 407 333 OPE | PROCOPIO 4/24/po 4/24/po

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #