2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2001 8:00 am Secretary of State DOCUMENT # P0000008599 05-29-2001 90009 008 ***150.00 NATURE'S IMAGE, INC. Principal Place of Business Mailing Address 7131 13TH STREET E 7131 13TH STREET E 550753 SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Mature's Lmage INC Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE .. 340l City & State City & State 4. FEI Number Applied For -Bradenton 65-0981370 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIZCORP INTERNATIONAL INC. Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BLVD., SUITE 700 PALM BEACH GARDENS FL 33410 City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. 5- 1 -01 SIGNATURE (NOTE Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable. 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, 20 1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payab e to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS D 14 Change noitibb [TITLE ☐ Delete TITLE OF ADDRESS COLE, JODY NAME NAME STREET ADDRESS STREET ADDRESS 7131 13TH STREET E Bradenton Florida 34208 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ■ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete [] Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 most 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

SIGNATURE:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER O I DIRECTOR