

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91212 045 \*\*\*150.00

**DOCUMENT # P98000013194**

1. Entity Name  
**NATURAL SURFACTANT COMPANY, INC.**



Principal Place of Business  
**2116 SILVER LEAF COURT  
LONGWOOD, FL 32779 US**

Mailing Address  
**2116 SILVER LEAF COURT  
LONGWOOD, FL 32779 US**

**11005182**

2. Principal Place of Business  
**17222 TIFFANY SHORE DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**17222 TIFFANY SHORE DR**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**LUTZ, FL**

City & State  
**LUTZ, FL**

4. FEI Number  
**59-3493043**

Applied For  
☐ Not Applicable

Zip  
**33549**

Country  
**USA**

Zip  
**33549**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**PROCOPIO, ROBERT A  
2116 SILVER LEAF COURT  
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name  
**SAME NAME**

Street Address (P.O. Box Number is Not Acceptable)  
**17222 TIFFANY SHORE DR**

City  
**LUTZ**

FL

Zip Code  
**33549**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert A. Procopio*

**ROBERT A. PROCOPIO**

**4/17/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
**D** ☐ Delete  
NAME  
**PROCOPIO, ROBERT A**  
STREET ADDRESS  
**2116 SILVER LEAF COURT**  
CITY-ST-ZIP  
**LONGWOOD, FL 32779**

TITLE  
**D** ☐ Delete  
NAME  
**SCHNEIPP, BARRY P**  
STREET ADDRESS  
**208 ECHO HOLLOW WAY**  
CITY-ST-ZIP  
**OVEIDO, FL 32765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**SAME** ☒ Change ☐ Addition  
NAME  
**SAME**  
STREET ADDRESS  
**17222 TIFFANY SHORE DR**  
CITY-ST-ZIP  
**LUTZ, FL 33549**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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.

SIGNATURE:

*Robert A. Procopio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT A. PROCOPIO 4/17/03**

**913-949-9246**  
Daytime Phone #

CR2EC034 (10/02)