Apr 28, 2003 8:00 am Secretary of State

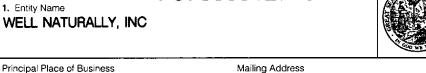
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P97000012749

1. Entity Name

WELL NATURALLY, INC



2633 LAKE DRIVE 2633 LAKE DRIVE CINCED ICLAND EL 22404 SINGER ISLAND EL 33404

SINGER ISLAND FC 354	•	ONOLIT IOLAN	D 12 0000						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	NOT APPLICABLE	- ⊢-	oplied For	
Zip	Country	Zip	Co	ountry	5. C		\$8.75 Add	ditional	
6. Name and Address of Current Registered			ed Agent		· ~7. N	7. Name and Address of New Registered Agent			
				Name			<u> </u>		
JOHNSON, WEND	Y B								
2633 LAKE DRIVE			Street Address (ess (P.O. Bo	ox Number is Not Acceptable)			
SINGER ISLAND F						and the state of t	T		
, ♥				City		FL	Zip Cod	е	
the obligations of reg		·		tered Office of regi		ent, or both, in the State of Florida. I am fa	amiliar with,	and accept	
		5 1	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,				
After May 1,	V!!! FEE IS \$150.00 2003 Fee will be \$550.00 to Florida Department of	State				9. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
 10.	OFFICERS AND DIRECTORS			1.	ADI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
nitle P			lelete T	TITLE			☐ Change	☐ Addition	
	ON, WENDY			IAME					
	akė drive		S	TREET ADDRESS					
CITY-ST-ZIP SINGEF	R ISLAND FL 33404		C	CITY-ST-ZIP					
TITLE VP			elete T	TITLE			☐ Change	☐ Addition	
VAME GREGO	PRKA, ROBIN		И	AME			•		
	ake drivé		S	TREET ADDRESS		•			
CITY-ST-ZIP SINGEF	R ISLAND FL 33404		C	CITY-ST-ZIP				· -	
TITLE			elete	TLE			Change	☐ Addition	
VAME				IAME					
STREET ADDRESS			1	TREET ADDRESS					
CITY-ST-ZIP			■ C						
HTLE				CITY-ST-ZIP					
NAME				ITLE			☐ Change	☐ Addition	
STREET ADDRESS	 		N	ITLE IAME			Change	☐ Addition	
			N S	ITLE IAME TREET ADDRESS			Change	☐ Addition	
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CITY-ST-ZIP			N S C	ITLE IAME ITREET ADDRESS BITY-ST-ZIP			☐ Change	☐ Addition	
CITY-ST-ZIP			N S C	ITLE IAME ITREET ADDRESS DITY-ST-ZIP			<u> </u>		

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

Addition