

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90062 030 ***150.00

DOCUMENT # 675175
1. Entity Name Mother Nature's Pantry - P&A, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4513 P&A Blvd
 Suite, Apt. #, etc.

3. Mailing Address
 4513 P&A Blvd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Palm Beach Gardens, FL
City & State Palm Beach Gardens, FL
4. FEI Number 59-2021807
 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
Zip 33418 **Country** US **Zip** 33418 **Country** US

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Frank B. Dalto
Street Address (P.O. Box Number is Not Acceptable) 4513 P&A Blvd
City Palm Beach Gardens FL **Zip Code** 33418

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME PD Frank B. Dalto STREET ADDRESS 4513 P&A Blvd. CITY-ST-ZIP Palm Beach Gardens, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank B. Dalto* **4/24/02** **561-626-4461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)