

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # F96000006759**1. Entity Name
BIO-EARTH, INC.

Principal Place of Business

25998 CHAMBERLAIN DR.

DAPHNE
36526

AL

US

Mailing Address

25998 CHAMBERLAIN DR.

DAPHNE
36526

AL

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0743172

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALSON PAUL
5487 ROWE TRAILPACE
32571

FL

7. Name and Address of New Registered Agent

Name

MALSON PAUL

Street Address (P.O. Box Number is Not Acceptable)
4617 PARK ST.City
PANAMA CITY

FL

Zip Code
32404

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

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

(NOTE: Registered Agent signature required when reinstating)

04/23/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	SD	<input type="checkbox"/> Delete
NAME	MALSON PAUL	
STREET ADDRESS	5487 ROWE TRAIL	
CITY-ST-ZIP	PACE FL 325719556	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TRAYNHAM FRED	
STREET ADDRESS	179 KINGSWAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	KELTNER CATHERINE	
STREET ADDRESS	25998 CHAMBERLAIN DR.	
CITY-ST-ZIP	DAPHNE AL 36526	
TITLE	CP	<input type="checkbox"/> Delete
NAME	KELTNER BRUCE	
STREET ADDRESS	25998 CHAMBERLAIN DR.	
CITY-ST-ZIP	DAPHNE AL 36526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALSON PAUL	
STREET ADDRESS	4617 PARK ST.	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYNHAM FRED	
STREET ADDRESS	2408 MERRY OAKS DR.	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Keltner

CP

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)