2001	UNIFOR	M BUSINESS	REPORT	(UBR
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DOCUMENT # K89881 1. Entity Name NATANT RESOURCES CORPORATION					FILED					æ
Principal Place of Business Mailing Address					01 MAR 26 PM 4: 21					
% JEFFREY W. PEPPER 310 W. JEFFERSON ST. TALLAHASSEE FL 32301		% JEFFREY W. PEPPER 310 W. JEFFERSON ST. TALLAHASSEE FL 32301			SEGRETARY OF STATE. TALUAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State) 39°2946307 -			oplied For ot Applicable	-		
Zip	Country	Zìp	Coun	try	5.	Certificate of Status Desired		8.75 Add		
	6. Name and Address of Current F	Registered Agent			7. 1	Name and Address of New				_
310 W. JEFFERSON ST. TALLAHASSEE FL 32301					ferson Management Corporation ss (P.O. Box Number is Not Acceptable)					- - -
	_			City		t Jefferson Str	eet FL	Zip Cod		-
A 71 1	/)			Tall.		ssee,		Zip Cod 323	01	4
8. The above Jeffe	e named entity submits this statement for rson Management Corpo	the purpose of changing its	registere	ed office or register	red ag	ent, or both, in the State of Fi	lorida.			
SIGNATURE	Armord 1	lepper						16/01	<u> </u>	
By:	Signature, Teonard merepreries			Agent signature required	l when re	instating)	DATE			4
9. This corporation is eligible to satisfy its Intangible Tax filling 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 Sta		te	10. Election Campaign Fil Trust Fund Contribution			May Be to Fees		
11.	OFFICERS AND D	DIRECTORS	12.		AD	L DITIONS/CHANGES TO OFF				┪_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PEPPER, JEFFREY W. 310 WEST JEFFERSON STREET TALLAHASSEE FL	□ Delete		J			מנטאט	202 1099 ****1	เมนอ	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PEPPER, LEONARD 310 WEST JEFFERSON STREET TALLAHASSEE FL	☐ Delete	•			a &	<u>»</u>	□ Change	☐ Addition	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TAYLOR, JUDITH H. 3305 WOODY WAY TALLAHASSEE FL	☐ Delete			•	Lo	9 5, ~ [_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	•	ET ADDRESS ST-ZIP			[_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP				Change	☐ Addition	
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.										
SIGNAT	URE:	MED NAME OF SEGNING OFFICER O	OR DIRECTO	Pras.		03/16/01 Date	(850) Dayti	224-2 me Phone #	141	