

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90085 045 *****55.00

DOCUMENT # L00000004861

1. Entity Name

POWER OF NATURE, LLC

Principal Place of Business

3461 BONITA BAY BOULEVARD, SUITE 204
 BONITA SPRINGS FL 34134

Mailing Address

3461 BONITA BAY BOULEVARD, SUITE 204
 BONITA SPRINGS FL 34134

2. Principal Place of Business

12701 Commonwealth Dr
 Suite, Apt. #, etc.
 - 8

3. Mailing Address

12701 Commonwealth Dr. Suite #8
 Suite, Apt. #, etc.
 - 8

City & State

Fort Myers Florida

City & State

Fort Myers Florida

Zip

33913

Country

Lee

Zip

33913

Country

Lee

4. FEI Number

68-0428667
 593748988

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VON BERG, PETER
 3461 BONITA BAY BOULEVARD, SUITE 204
 BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name: VON BERG, Peter
 Street Address (P.O. Box Number is Not Acceptable): 12701 Commonwealth Dr. Suite #8
 City: Fort Myers FL Zip Code: 33913

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)

1/10/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE: PD
 NAME: VON BERG, PETER
 STREET ADDRESS: 3461 BONITA BAY BOULEVARD, SUITE 204
 CITY-ST-ZIP: BONITA SPRINGS FL 34134 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
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 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: PD
 NAME: VON BERG, PETER
 STREET ADDRESS: 12701 Commonwealth Dr Suite #8
 CITY-ST-ZIP: Fort Myers, Florida 33913 ☐ Change ☐ Addition

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

1/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)