

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90231 006 \*\*\*\*50.00

0061760

**DOCUMENT # L00000004861**

1. Entity Name

**POWER OF NATURE, LLC**



Principal Place of Business

**12701 COMMONWEALTH DR**

**8**  
**FORT MYERS FL 33913**

Mailing Address

**12701 COMMONWEALTH DR**

**8**  
**FORT MYERS FL 33913**

2. Principal Place of Business

**12750 Commonwealth Dr**

3. Mailing Address

**12750 Commonwealth Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort Myers, FL**

City & State

**Fort Myers, FL**

Zip

**33913**

Country

**USA**

Zip

**33913**

Country

**USA**

4. FEI Number

**68-0428667**  
**59-3748988**

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**  
**12701 COMMONWEALTH DR STE 8**  
**FORT MYERS FL 33913**

7. Name and Address of New Registered Agent

Name

**Von Berg, Peter**

Street Address (P.O. Box Number is Not Acceptable)

**12750 Commonwealth Dr**

City

**Ft. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PD** ☐ Delete  
NAME **VON BERG, PETER**  
STREET ADDRESS **12701 COMMONWEALTH DR STE 8**  
CITY-ST-ZIP **FORT MYERS FL 33913**

10. ADDITIONS/CHANGES

TITLE **PD** ☒ Change ☐ Addition  
NAME **Von Berg, Peter**  
STREET ADDRESS **12750 Commonwealth Dr**  
CITY-ST-ZIP **Fort Myers, FL 33913**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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**

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

Date

Daytime Phone #

**4/15/03**

**239-225-3407**

CR2E083 (10/02)