

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90085 011 ****50.00

DOCUMENT # L00000007212

1. Entity Name

NATURE HEALTHSTORE, LLC

Principal Place of Business

3461 BONITA BAY BLVD., SUITE 204
 BONITA SPRINGS FL 34134

Mailing Address

3461 BONITA BAY BLVD., SUITE 204
 BONITA SPRINGS FL 34134

2. Principal Place of Business

12701 Commonwealth Drive

Suite, Apt. #, etc.

8

City & State

Fort Myers, Florida

Zip

33913

Country

USA

3. Mailing Address

12701 Commonwealth Drive

Suite, Apt. #, etc.

8

City & State

Fort Myers, Florida

Zip

33913

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

61-0504640

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VON BERG, PETER

3461 BONITA BAY BLVD., SUITE 204
 BONITA SPRINGS FL 34134

Name
 VON BERG, PETER

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

12701 Commonwealth Drive 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)

DATE

1/10/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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]

1/10/02