

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90158 028 \*\*\*\*50.00

**DOCUMENT # L01000005992**

1. Entity Name

**SARASOTA NATURAL HEALING ARTS INT'L, L.L.C.**

Principal Place of Business

**115 NORTH TAMiami TRAIL #6  
 NOKOMIS FL 34275**

Mailing Address

**115 NORTH TAMiami TRAIL #6  
 NOKOMIS FL 34275**

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

**65-1102176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**COX, JOE B  
 3001 TAMiami TRAIL NORTH  
 SUITE 100  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGRM  
 SWALM, D. CLARK JR.  
 2509 CASEY KEY ROAD  
 NOKOMIS FL 34275**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 SWALM, D. CLARK JR.  
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10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP

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

Date

Daytime Phone #

**2/7/02 741 346-9628**

CR2E083 (9/01)