## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 01, 2001 8:00 am **DOCUMENT # L42533 Secretary of State** 1. Entity Name PAT'S NATURALLY, INC. 03-01-2001 91318 019 \*\*\*150.00 Principal Place of Business Mailing Address 11085 SPRING HHILL DR. 11085 SPRING HILL DR. SPRING HILL FL 34608 SPRING HILL FL 34608 2. Principal Place of Business 11083 SPRING HILL DR. 11083 SPRING HILL DR. Suite, Apt. #, etc. SPRING HILL FL. SPRING HILL FL. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2988494 Not Applicable 34608 Country Country HERNANDO **\$8.75** Additional 5. Certificate of Status Desired HERNANDO 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HELLER, RAYMOND R. Street Address (P.O. Box Number is Not Acceptable) 11085 SPRING HILL DR SPRING HILL FL 34608 STPRING HALL 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE \_ d or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Change Addition TITLE ☐ Delete TIT1 F HELLER, RAYMOND R. NAME NAME 11085 SPRING HILL DR. STREET ADDRESS STREET ADDRESS SPRING HILL FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01

352-688-9119

Daytime Phone #