2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L66993

Entity Name: THE INTERNATIONAL HERB BROKERS INC.

Apr 04, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5329 DIPLOMAT CIR 7635 ASHLEY PARK CT. ORLANDO, FL 32810 US

SUITE 503-U

ORLANDO, FL 32835 US

Current Mailing Address: New Mailing Address:

7635 ASHLEY PARK CT. 3204 CURTIS DR

APOPKA, FL 32703 US SUITE 503-U

ORLANDO, FL 32835 US

FEI Number: 59-3012470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'NEIL, LORRAINE O'NEIL, YVONNE 4935 KEENELAND CIR. 3204 CURTIS DR. APOPKA, FL 32703 US US ORLANDO, FL 32819

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: YVONNE O'NEIL 04/04/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

O'NEIL, LORRAINE, O'NEIL, YVONNE Name: Name: 3204 CURTIS DRIVE 4935 KEENELAND CIR. Address: Address: City-St-Zip: APOPKA, FL City-St-Zip: ORLANDO, FL 32819

Title: DS Title: DS (X) Change () Addition () Delete

Name: SCHNEIDER, JANE, Name: SCHNEIDER, JANE 7359 WOODGLEN CT 4935 KEENELAND CIR. Address: Address: ORLANDO, FL ORLANDO, FL 32819 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete DT

MCLACHLAN, JULIE CUR, TIS MILLER, JEFFERY Name: Name: 300 SPRING LAKE HILLS 4760 SADDLER RD Address: Address: City-St-Zip: ALTAMONTE SPGS., FL City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE O'NEIL DP 04/04/2002