UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001046

1. Entity Name

FACTS ABOUT ALTERNATIVES TO CHEMICAL TRESPASSING , INC.

08-25-2003 90109 006 ****61.25
N00000001046

03 AUG 28 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

Principal Place of Business	Mailing Address
P.O. BOX 5922 SARASOTA FL 34277-5922	P.O. BOX 5922 SARASOTA FL 34277-5922

☑ CHECK HERE IF MAKING CHANGES

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 31-1695483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POWERS, NINA J
2446 ALAMEDA AVE
SARASOTA FL 34234

We don't know where the other check is but want to be sure your home payment.

7. Name and Address of New Registered Agent

Name ANN MASON
Street Address (P.O. Box Number is Not Acceptable) 2290 CLEMATIS ST
City SARASOTA FL Zip Code 34239

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: Nina Powers Ann S. Mason DATE

Nina Powers mailed this with the check in May 2003 If you did not receive it let me know & I'll send another
Ann Mason
941-954-2291

FILE NOW: FEE IS $61.25
After September 30, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, ANNA 343 SHORE DR. ELLENTON FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANN MASON 2290 CLEMATIS ST Sarasota, FL. 34239-3907	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASE, GLORIA – Pres. 6403 BERKSHIRE PL. UNIVERSITY PARK FL 34201-2223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, CAROLYN 4571 BEACON DR. SARASOTA FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLETCHER, JANICE E 3751 S. SCHOOL AVE., #15 SARASOTA FL 34239	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GACCIONE, VAL 5685 S. HWY. A1A MELBOURNE BEACH FL 32951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/8/28	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GABRIEL, SALLY 417 BAYSIDE LANE NOKOMIS FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann S. Mason Vice Pres - 8-13-03 941-954-2291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime phone #