

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90031 013 ****61.25

DOCUMENT # N24473

1. Entity Name

NATURE'S HARVEST, INC.

Principal Place of Business

**C/O LEAH PALUMBO
 1405 HIGHLAND AVENUE
 MELBOURNE FL 32935**

Mailing Address

**C/O LEAH PALUMBO
 1405 HIGHLAND AVENUE
 MELBOURNE FL 32935**

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 **59-1727452**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALUMBO, LEAH
 1405 HIGHLAND AVENUE
 MELBOURNE FL 32935**

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **ROSS, BETTY**
 STREET ADDRESS **2500 EAGLE DR.**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PRIALUX, JOANNE**
 STREET ADDRESS **874-8 W. EAU GALLIE BLVD.**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **DALE, JAY D**
 STREET ADDRESS **2311 DUNBAR VE**
 CITY-ST-ZIP **MAELBOURNE FL 32901**

TITLE **TD** ☐ Change ☒ Addition
 NAME **MARY HOFF**
 STREET ADDRESS **410 CARRIAGE RD**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☐ Delete
 NAME **CLAY, DAVID**
 STREET ADDRESS **207 FIRST AVE**
 CITY-ST-ZIP **MELBOURNE BCH FL 32951**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **BINGNEAR, BARBARA**
 STREET ADDRESS **289 CORAL DR**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BUEHN, RICHARD**
 STREET ADDRESS **329 2ND AVE**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED Richard Buehn

4-26-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

321-676-1636