

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P000000000539 ✓

1. Entity Name

HERB ALLURE, INC.

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91587 015 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

110700

2. Principal Place of Business

9101 Hunt Club Lane

Suite, Apt. #, etc.

3. Mailing Address

9101 Hunt Club Lane

Suite, Apt. #, etc.

City & State

Port Richey, FL

City & State

Port Richey, FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. FEI Number

59-3621766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Tanner, Russell

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

9101 Hunt Club Lane

City

Port Richey

FL

Zip Code

34668

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME Tanner, Russell  
STREET ADDRESS 9101 Hunt Club Lane  
CITY-ST-ZIP Port Richey, FL 34668

TITLE D  
NAME Clement, Laura  
STREET ADDRESS 9101 Hunt Club Lane  
CITY-ST-ZIP Port Richey, FL 34668

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura Clement

5-22-02

Date

727-841-0314

Daytime Phone #