

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033318

1. Entity Name

SUSAN AMBROSINO'S HERB CLUB, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90089 011 ***150.00

80037840



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8145 WINNIPESAUKEE WAY LAKE WORTH FL 33467-5510		Mailing Address 8145 WINNIPESAUKEE WAY LAKE WORTH FL 33467-5510	
2. Principal Place of Business 8652 Yearling Dr. Suite, Apt. #, etc. Lake Worth, FL City & State 33467 Zip Country USA		3. Mailing Address P.O. Box 20746 Suite, Apt. #, etc. West Palm Bch, FL City & State 33416 Zip Country USA	

4. FEI Number 65-0995222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLONTZ, DEREK E 8145 WINNIPESAUKEE WAY LAKE WORTH FL 33467-5510	7. Name and Address of New Registered Agent Name Clontz, Derek E. Street Address (P.O. Box Number is Not Acceptable) 8652 Yearling Dr. Lake Worth, FL 33467 City Lake Worth FL Zip Code 33467
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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 Derek E Clontz DATE 4-16-01

(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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLONTZ, DEREK E 8145 WINNIPESAUKEE WAY LAKE WORTH FL 33467-5510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Clontz, Derek E 8652 Yearling Dr. Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

561-967-5034

Date

Daytime Phone #

CR2E034 (10/00)