2001 UNIFORM BUSINESS REPORT (UBR)

Rodney

C.

SIGNATURE AND TYPED OF PRINTED NA

FILED Jan 19, 2001 8:00 am Secretary of State DOCUMENT # P0000038504 NATURAL PRESERVATION TECHNOLOGY, INC. 01-19-2001 90086 031 ***150.00 Mailing Address Principal Place of Business 3542 MORRIS ST 3542 MORRIS ST ST PETERSBURG FL 33713 ST PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number 50-3634217 Applied For City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rodney C. Gilbert PROCTOR, MICHIE Street Address (P.O. Box Number is Not Acceptable) 301 2nd. Street N., 9741 BERECHAH DR HOLLYWOOD FL 33713 St. Petersburg 8. The above named entity submits this statement for the purpose of changing its registered of ice or registered agent, or both, in the State of Florida Jan 5, 2001 9. This corporation is eligible to satisfy its Intangible FILE NOWILL) FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) DΡ Change ☐ Delete TITLE TITLE SIMMONS, PAUL L NAME Simmons, Paul L. 33713 STREET ADDRESS STREET ADDRESS 3542 MORRIS ST cm35-462 Morris St. N., St. Petersburg, FL CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Change 文文 Addition ☐ Delete TITLE NAME NAME Diane E Simmons North STREET ADDRESS STREET ADDRESS St. Petersburg, FL 33713 CITY-ST-ZIP CITY-ST-ZIP ☐ Change XIX Addition ☐ Delete TITLE Rodnev C. Gilbert NAME 301 2nd. St. N. #8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP St. Petersburg FL 33701 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered

2001