

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P00000061957  
 1. Entity Name -  
 NATURE'S - SoEB, INC

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 JUN -7 PM 3:06

Principal Place of Business Mailing Address  
 1851 NW 96 Terr. SAME  
 Pem. Pines, FL 33004

2. Principal Place of Business 3. Mailing Address  
 15841 Pines Blvd. 15841 Pines Blvd.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 131 131

City & State City & State  
 Pembroke Pines, FL Pembroke Pines, FL  
 Zip Country Zip Country  
 33007 Broward 33007 Broward

4. FEI Number Applied For  
 05-1031671 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Ana M<sup>c</sup>Gregory  
 1851 NW 96 Terr.  
 Pem. Pines, FL 33004

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 15841 Pines Blvd. #131  
 City Pem. Pines FL Zip Code 33007

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]* DATE 6/6/01  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**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.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Ana M <sup>c</sup> Gregory 15841 Pines Blvd. #131 Pem Pines, FL 33007 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D John M <sup>c</sup> Gregory 15841 Pines Blvd. #131 Pem. Pines, FL 33007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Gray 15841 Pines Blvd. #131 Pem. Pines, FL 33007 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10000430861 06-08-01 01075 001 \$185.00 --- \$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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.  
 SIGNATURE: *[Signature]* P/S/D DATE 6/6/01 DAYTIME PHONE # (954) 309-3656

CR2E034 (11/00)