


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90745 044 ***150.00

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

DOCUMENT # P00000091019 1. Print Name	
SANTE NATURAL PRODUCTS, INC.	

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90123265

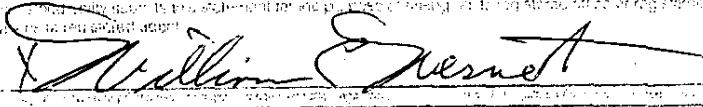
2. Principal Place of Business 2293 AUSTRIAN LANE City and State	3. Mailing Address City and State
City and State CLEARWATER, FL	City and State
Phone 33763	County PINELLAS
Zip	County

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4. FEE NUMBER 593670901	Accepted By Print Name
5. FEE AMOUNT \$8.75	Address

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7. Name and Address of Current Registered Agent	
Name WILLIAM WERNET	
Street Address P.O. Box Number or Mailing Address	
9624 OAKWOOD HILLS CT	
City NEW PORT RICHEY	FL 34655

8. Signature of Registered Agent 
SIGNATURE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	<input type="checkbox"/> Add to Fee \$5.00 May Be Added to Fee
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10. OFFICERS AND DIRECTORS	
1. NAME WILLIAM WERNET 2293 AUSTRIAN LANE CLEARWATER, FL 33763	TITLE NAME STREET ADDRESS CITY AND STATE
2. NAME	TITLE NAME STREET ADDRESS CITY AND STATE
3. NAME	TITLE NAME STREET ADDRESS CITY AND STATE
4. NAME	TITLE NAME STREET ADDRESS CITY AND STATE
5. NAME	TITLE NAME STREET ADDRESS CITY AND STATE
6. NAME	TITLE NAME STREET ADDRESS CITY AND STATE

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12. I hereby certify that the entries and contents herein are true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation or person who prepared or caused to be prepared the information contained herein, and that I am not a minor, an incompetent, or a person who has been adjudged to be mentally incompetent.
SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORM 1001 (12/01)