

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 25 PM 1:28

DOCUMENT # P00000 111784

1. Entity Name NATURAL MEDICINE, INC.

Principal Place of Business Mailing Address
1521 ALTON ROAD #512 1521 ALTON ROAD #512
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1060346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAM L. ROWLAND
1590 N.W. 10TH AVE, # 304
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-registering)

DATE

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 \$300.00

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 PRESIDENT/DIRECTOR ☐ Delete
NAME WILLIAM ROWLAND
STREET ADDRESS 1590 N.W. 10TH AVE #304
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE VTD ☐ Delete
NAME EDWARD HALE
STREET ADDRESS 1521 ALTON RD #512
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

000004618500 ☐ Addition
-10/01/01--01077--007
****150.00 ****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Print Name)

CR2E034 (11/00)

SP

6.18.01

NATURAL MEDICINE, INC.

1521 Alton Road, #512
Miami Beach, FL 33139

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June 12, 2001

Division of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Natural Medicine, Inc.

Dear Sir/Madam:

Enclosed is our application with a check for \$150.00 to cover the unpaid Uniform Business Report fee.

My company is a small business which has been going through growing pains, one of which was moving. According to your records, my last pre-printed Uniform Business Report went to my old address, 1590 N.W. 10th Avenue #304, Boca Raton, FL 33486.

When my new C.P.A. brought to my attention that the report was due again, we called the Division of Corporations in order to determine the address where my paperwork was being mailed

I am requesting your understanding of the events that took place, and would appreciate it if the \$400.00 penalty fee be waived, as at this time any additional fees would be a hardship on my company's cash flow.

Thanking you in advance for your help in this matter.

Sincerely,

Edward Hale, Vice-President