## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State P01000032560 DOCUMENT # 1. Entity Name 05-19-2002 90237 024 \*\*\*150.00 NATURE'S WISH, INC. Principal Place of Business Mailing Address **507B NORTH MARKET STREET 507B NORTH MARKET STREET** BUSHNELL FL 33513 BUSHNELL FL 33513 2. Principal Place of Business . Mailing Address 512 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FEI Number Not Applicable Country \$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 Name MEREDITH, BRANDON Street Address (P.O. Box Number is Not Acceptable 5338 W-C 48 **507B NORTH MARKET STREET BUSHNELL FL 33513** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. BEO + PresideNT TITLE TITLE MEREDITH, BRANDON NAME Bobbie C. Bowens NAME **507B NORTH MARKET STREET** STREET ADDRESS STREET ADDRESS 5328 W-C 48 CITY-ST-ZIP **BUSHNELL FL 33513** CITY-ST-ZIP Bushnell, FL ☐ Delete TITLE goard member NAME NAME DONALD BOWENS STREET ADDRESS STREET ADDRESS BUSKNELLY CITY-ST-ZIP CITY-ST-ZIP Sceretary + TREASU RER -- 🖃 Deretë TITLE TITLE NAME Judy meredith P.O Box 1528 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33C13 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME 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.

SIGNATURE:

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

oblig Bowen 4-30-02

Daytime Phone #