

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90092 013 ***150.00

DOCUMENT # P01000050296

1. Entity Name
NATURE WAY PUBLISHING, INC.



Principal Place of Business
2861 34TH STREET SOUTH
ST PETERSBURG FL 33711

Mailing Address
2861 34TH STREET SOUTH
ST PETERSBURG FL 33711

2. Principal Place of Business

2861 34TH STREET SOUTH

Suite, Apt. #, etc.

3. Mailing Address

4905 34TH STREET SOUTH

Suite, Apt. #, etc.

267

City & State
ST. PETERSBURG FL

City & State
ST. PETERSBURG FL

4. FEI Number
59-3732525

Applied For
Not Applicable

Zip
33711

Country
USA

Zip
33711

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E KENNEDY BLVD SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
MALLER, KAREN E.

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

City **ST. PETERSBURG FL** **Zip Code** **33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen E. Maller* **Karen E. Maller**

DATE **2/6/03**

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **FINLAYSON, DENISE**
STREET ADDRESS **2861 34TH STREET SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Change** ☒ **Addition**
NAME **STANKE, CLAUDIA R.**
STREET ADDRESS **2861 34TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CLAUDIA R. STANKE* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE **02/04/03** **DAYTIME PHONE #** **(727) 867-8600**

CR2E034 (10/02)