FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN -2 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009489136
12/12/02--01068--003 **550.00

DOCUMENT # P01000055847

1. Entity Name

Natures Wonders, Inc

DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

2. Principal Place of Business	3. Mailing Address
6966 Welcome Ln	6324 N. Chatham Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #225
City & State: Callahan FL	City & State: Kansas City MO
Zip: 32011 Country: Nassau	Zip: 64151 Country: CLAY

4. FEI Number: 59-3725354 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ronald Mathis

Street Address (P.O. Box Number is Not Acceptable): 6966 Welcome Ln

City: Callahan FL Zip Code: 32011

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: Ronald Mathis, president 12/9/02

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

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P/D	TITLE	600009489136 12/31/02--01054--008 **200.00
NAME	Ronald Mathis	NAME	
STREET ADDRESS	6966 Welcome Ln	STREET ADDRESS	
CITY-ST-ZIP	Callahan FL 32011	CITY-ST-ZIP	
TITLE	T/D/V	TITLE	
NAME	Norman Beam	NAME	
STREET ADDRESS	6324 N. Chatham Ave #225	STREET ADDRESS	
CITY-ST-ZIP	Kansas City MO 64151	CITY-ST-ZIP	
TITLE	S/D	TITLE	
NAME	Cheryl Mathis	NAME	
STREET ADDRESS	6966 Welcome Ln	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Callahan FL 32011	CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Norman Beam Norman Beam 12/9/02 843-810-1837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 1/6