2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBF**

P01000093803 **DOCUMENT #**

1. Entity Name

EARTH COLORANTS, INC. .



LING	ıμαι	FIG	ace of	Du	211165	
4251	SE	CC)MMEI	RCE	ST.	
STUA	RT	FL	34994	ţ.		

Mailing Address

4251 SE COMMERCE ST.



Apr 15, 2003 8:00 am Secretary of State 04-15-2003 90101 015 ***150.00

			1 A 14 W A 14			-	- (
2. Principal Place of Business			3. Mailing Address						14, 14,,,,		
4251 SE Commerce Ave Suite, Apt. #, etc.		4251 SE' Co	ommer	ce Ave_	-						
Suite, Apr.	#, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State	e		City & State			4. FEI	Number NOT ADDLICAD		Ar	plied For	
Stuart, FL			Stuart, FL				NOT APPLICAB	LE	No	t Applicable	
Zip 34997		Country USA	Zip 34997	Country					75 Add		
34771	<u> </u>		<u> </u>	1 057	<u> </u>	7 Non	ne and Address of New Regist			<u> </u>	
 	5. Name	and Address of Current I	Hegistered Agent		Name			ered Agent	·		
CIANINO DETER T				L	S' - Strong y						
GIANINO, PETER T 217 E. OCEAN BLVD.					Street Address	(BO, Box Number in 1 lot Acceptable)					
		•		-		·	- 161 - 11VG				
STUART F	L 34994										
					City Strage t FL Zip Gode 97						
8. The above	named entity	submits this statement for	r the purpose of changing its	s registered	office or registe	red agent,	or both, in the State of Florida.	I am familia	ar with	and accept	
	ions of regist										
0.00.1.7.1.05											
SIGNATURE.	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	TE: Registered A	gent signature require	d when reinsta	iting)	DATE			
	II E NOWII	! FEE IS \$150.00		***						_	
		3 Fee will be \$550.00					Election Campaign Financia Trust Fund Contribution.	ng 🗆		0 May Be to Fees	
		Florida Department of	State				irust Pana Contribution.		Addeo	to rees	
10.		OFFICERS AND I	DIRECTORS	11.		ADDIT	IONS/CHANGES TO OFFICER	S AND DIRE	CTOR	S IN 11	
TITLE	D		☐ Delete	TITLE					Change	☐ Addition	
NAME	STANLEY,	JOHN	•	NAME							
STREET ADDRESS		COMMERCE ST.		STREET	ADDRESS						
CITY-ST-ZIP	STUART F	L 34994		CITY-S	T-ZIP						
TITLE	D		☐ Delete	TITLE					Change	☐ Addition	
NAME .	STANLEY,	ROD		NAME							
STREET ADDRESS		COMMERCE ST.		STREET	ADDRESS						
CITY-ST-ZIP	STUART F	L 34994		CITY-S	T-ZIP						
TITLE 5	D ,		☐ Delete	TITLE					Change	☐ Addition	
NAME	STANLEY,	STEVE		NAME							
STREET ADDRESS	4251 SE (Commerce St. 🛴 🗀		STREET	ADDRESS						
CITY-ST-ZIP	STUART F	L 34994		CITY-S	T-ZIP						
TITLE			□ Delete	TITLE			-		Change	☐ Addition	
NAME				NAME							
STREET ADDRESS				STREET	ADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP						
TITLE		• .	☐ Delete	TITLE					Change	☐ Addition	
NAME		:		NAME							
STREET ADDRESS		•		B.	ADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP						
TITLE			☐ Delete	TITLE					Change	☐ Addition	
NAME				NAME						Ì	
STREET ADDRESS					ADDRESS					}	
CITY-ST-ZIP				CITY-S	T-ZIP						

12. I hereby certify that the information supplied with this filling 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 flue 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 of the receiver or trustee employered 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 analysis of the corporation of the receiver of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

4-10-03

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