

5/21

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-29-2002 90678 020 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112537

1. Entity Name
NATURA HEALTH SOLUTIONS, INC.

Principal Place of Business Mailing Address

968 KNOLLWOOD DR **968 KNOLLWOOD DR**
DUNEDIN FL 34698 **DUNEDIN FL 34698**

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

4. FEI Number **89 3756625** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent:

POTTER, NELSON
MORGAN STANLEY COMPANY
6775 CROSSWINDS DRIVE NORTH
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent:

Name **JAMES F. CASALE**

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

City **DUNEDIN** State **FL** Zip Code **34698**

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 *James F. Casale* **PRESIDENT** Date **5/17/02**

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

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, 2002 Fee will be \$550.00
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------|---------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE PRESIDENT | <input type="checkbox"/> Delete | TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CASALE, JAMES F | | NAME | |
| STREET ADDRESS 968 KNOLLWOOD DR | | STREET ADDRESS | |
| CITY-ST-ZIP DUNEDIN FL 34698 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE SECRETARY/TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME JACQUELINE C. CASALE (CASALE JACQUELINE C.) | |
| STREET ADDRESS | | STREET ADDRESS 968 KNOLLWOOD DRIVE | |
| CITY-ST-ZIP | | CITY-ST-ZIP DUNEDIN, FL 34698 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *James F. Casale* **JAMES F. CASALE PRESIDENT** Date **5/17/02** Daytime Phone # **(727) 736-1343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

Attachment
Document # P01000112537
96982

| |
|------------------------------------------------|
| James F. Casale |
| 968 Knollwood Drive |
| Dunedin, FL 34698 |
| (727) 736-1343 james.casale@verizon.net |

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Reference: Document # P01000112537
Natura Health Solutions, Inc.

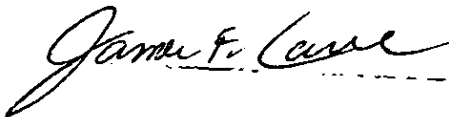
Please find UBR and check for \$150.00 for filing fee.

I now realize that this is being submitted late. Being new to this process, I mistakenly thought that this might not apply to us, and held on to the document until we could meet with an accountant. I met with my accountant last night, who informed me we indeed do need to submit this form.

I am asking for forgiveness on the late submission, and assure you from this point on our corporation will complete all State of Florida requirements in a timely manner.

Thank you for your assistance and understanding.

Best Regards,



James F. Casale