

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000112537

FILED
Sep 10, 2002
Secretary of State

Entity Name: NATURAL HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

968 KNOLLWOOD DR
DUNEDIN, FL 34698

New Principal Place of Business:

9481 HIGHLAND OAK DRIVE
802
TAMPA, FL 33647 US

Current Mailing Address:

968 KNOLLWOOD DR
DUNEDIN, FL 34698

New Mailing Address:

PO BOX 7105
WESLEY CHAPEL, FL 33544

FEI Number: 59-3756625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASALE, JAMES F
968 KNOLLWOOD DR
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

CASALE, JAMES F
9481 HIGHLAND OAK DRIVE
802
TAMPA, FL 33647 US

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:

09/10/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASALE, JAMES F
Address: 968 KNOLLWOOD DR
City-St-Zip: DUNEDIN, FL 34698

Title: ST () Delete
Name: CASALE, JACQUELINE C
Address: 968 KNOLLWOOD DR
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASALE, JAMES F
Address: 9481 HIGHLAND OAK DRIVE #802
City-St-Zip: TAMPA, FL 33647

Title: ST (X) Change () Addition
Name: CASALE, JACQUELINE C
Address: 9481 HIGHLAND OAK DRIVE #802
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F CASALE

PD

09/10/2002

Electronic Signature of Signing Officer or Director

Date