

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90280 049 \*\*\*150.00

**DOCUMENT #** P01000116777

**1. Entity Name**

COLOR BY NATURE, INC.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
13806 155TH PLACE NORTH

**3. Mailing Address**  
13806 155TH PLACE NORTH

Suite, Apt. #, etc.  
NONE

Suite, Apt. #, etc.  
NONE

City & State  
JUPITER FL

City & State  
JUPITER FL

Zip  
33478

Country  
PALM BEACH

Zip  
33478

Country  
PALM BEACH

**4. FEI Number**  
65-1157519

Applied For  
Not Applicable

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

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11014002

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
DONNA HAVER

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

13806 155TH PLACE NORTH

City  
JUPITER

FL

Zip Code  
33478

**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** Donna Haver President

4.22.03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DONNA HAVER  
13806 155TH PLACE NORTH  
JUPITER FL 33478

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:** Donna Haver President

4.22.03 561-744-7403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)