

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90131 015 \*\*\*150.00

**DOCUMENT # P02000003203**

1. Entity Name

DAVID BEAUDRIE BOTANICALS, INC.



Principal Place of Business

C/O DAVID BEAUDRIE

4125 MALLARD DRIVE

SAFETY HARBOR FL 34695

Mailing Address

C/O DAVID BEAUDRIE

4125 MALLARD DRIVE

SAFETY HARBOR FL 34695

2. Principal Place of Business

David Beaudrie Botanicals

3. Mailing Address

Dr. David Beaudrie C.E.O.

Suite, Apt. #, etc.

2753 State Road 580 Suite 208

Suite, Apt. #, etc.

12820 Kill Arney Ct

City & State

Clearwater FL 34621

City & State

Odessa

4. FEI Number

02-0536127

Applied For

Not Applicable

Zip

34621

Country

Pinellas

Zip

33556

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEAUDRIE, DAVID

4125 MALLARD DRIVE

SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

David Beaudrie C.E.O.

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

12820 Kill Arney Ct.

City

Odessa

FL

Zip Code

33556

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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  
D  
BEAUDRIE, DAVID C.E.O.  
4125 MALLARD DRIVE  
SAFETY HARBOR FL 34695  
☐ Delete  
See New Address →

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
mailing Address:  
12820 Kill Arney CT  
Odessa, FL 33556  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Principal Place of Business  
2753 State Rd. 580 Suite 208  
Clearwater FL 34621  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/03

CR2E034 (10/02)