

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90096 029 \*\*\*150.00

**DOCUMENT # P02000018181**

1. Entity Name  
**MR. BILL'S ALL NATURAL PRODUCTS, INC.**

Principal Place of Business  
**2708 W. KENNEDY BLVD.  
TAMPA, FL 33609**

Mailing Address  
**2708 W. KENNEDY BLVD.  
TAMPA, FL 33609**

2. Principal Place of Business  
**3005 4TH AVE EAST**  
Suite, Apt. #, etc.

3. Mailing Address  
**3005 4TH AVE EAST**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA, FLORIDA**  
Zip  
**33605** Country  
**USA**

City & State  
**TAMPA, FLORIDA**  
Zip  
**33605** Country  
**USA**

4. FEI Number  
**65-1137488** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINO, THOMAS  
2708 W. KENNEDY BLVD.  
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name  
**BUBLEY & BUBLEY, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3820 NORTHDAL BOULEVARD**  
**SUITE 312**  
City  
**TAMPA** FL Zip Code  
**33624**

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

*Martin A. Bubley* / **Martin A. Bubley, President**

**March 17, 2003**

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  
WILSON, ARTHUR  
2708 W. KENNEDY BLVD.  
TAMPA, FL 33609** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILSON, ARTHUR  
3005 4TH AVE EAST  
TAMPA, FLORIDA 33605** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D.  
WILSON, BARTLETT  
3005 4TH AVE EAST  
TAMPA, FLORIDA 33605** ☐ Change ☒ Addition

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

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

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

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:

*Bartlett W. Wilson* (**BARTLETT W. WILSON**)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/03 (469) 569-8088**  
Daytime Phone #

CH2E034 (10/02)