

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000027678

FILED
Sep 10, 2003
Secretary of State

Entity Name: YOUR NATURAL PET, INC.

Current Principal Place of Business:

1208 COUNTY ROAD #1
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1208 COUNTY ROAD #1
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 01-0632154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MYERS, K. MINTIE
14132 DEER TRAIL DRIVE
HUDSON, FL 34667

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MYERS, K. MINTIE
Address: 14132 DEER TRAIL DRIVE
City-St-Zip: HUDSON, FL 34667

Title: DVST () Delete
Name: BRADLEY, JACQUELINE
Address: 3629 COUNTRY POINTE PLACE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: MYERS, RONALD L
Address: 14132 DEER TRAIL DRIVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: BRADELY, BOB
Address: 3629 COUNTRY POINTE PLACE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RONALD L MYERS

_____ Electronic Signature of Signing Officer or Director

CHMN

09/10/2003

_____ Date