

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 91367 022 ***150.00

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

DOCUMENT # P02000063234

1. Entity Name

J.E.O. S. Naturally Yours Corp



DO NOT WRITE IN THIS SPACE

55043783

2. Principal Place of Business

7255 E. SNIDER RD

3. Mailing Address

7255 E. SNIDER RD

Suite, Apt. #, etc.

11202

Suite, Apt. #, etc.

11202

DO NOT WRITE IN THIS SPACE

City & State

TUCSON, AZ

City & State

TUCSON, AZ

4. FEI Number

82-0547778

Applied For

Not Applicable

Zip

85750

County

USA

Zip

85750

County

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ingrid Agosto

Street Address (P.O. Box Number is not acceptable)

1101 Royal Palm Blvd

City & State

207

City

CORAL SPRINGS

FL

Zip Code

33065

**DO NOT WRITE
IN THIS SPACE**

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]

(NOTE: Registered Agent Signature Required when registering)

5/22/03

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
PRESIDENT
OREN FRANCO
7255 E. SNIDER RD # 11202
TUCSON, AZ 85750

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/03

Date

(520) 3120311

Daytime Phone #

CR2E034B (12/02)