

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-07-2003 90096 030 ***150.00

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☒ CHECK HERE IF MAKING CHANGES

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000069407

1. Entity Name
NATURES SOAP DISH, INC.



Principal Place of Business
11312 BALM RIVERVIEW RD
RIVERVIEW FL 33569

Mailing Address
11312 BALM RIVERVIEW RD
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

P.O. Box 1625

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

RIVERVIEW FL

4. FEI Number

02-0546203

Applied For

Not Applicable

Zip

Country

Zip

Country

33568

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, PHILIP A
11312 BALM RIVERVIEW RD
RIVERVIEW FL 33569

Name

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

City

FL

Zip Code

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

Philip A. Foster, President

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

(NOTE: Registered Agent signature required when reinstating)

1-6-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FOSTER, PHILIP A
STREET ADDRESS 11312 BALM RIVERVIEW RD
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

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

TITLE VP/S
NAME FOSTER, SONYA C
STREET ADDRESS 11312 BALM RIVERVIEW RD
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Philip A. Foster, President

1-6-02

813-672-8571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)