

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025415

1. Entity Name

ARIZONA NATURALS, INC.

Principal Place of Business

Mailing Address

2796 S W MAPP ROAD  
PALM CITY FL 34990  
US

P.O. BOX 1845  
PALM CITY FL 34991  
US

2. Principal Place of Business

3. Mailing Address

3138 SW MARTIN DUNK  
BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM CITY FL

Zip  
34990

Country  
MARTIN

Zip

Country

4. FEI Number 65-0400127

Applied For  
Not Applicable

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

LEISTMAN-BARTEL, BEVERLY J.  
2225 SW CREEKSIDE DRIVE  
PALM CITY FL 34990

Name  
BEVERLY J. BARTEL

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.

SIGNATURE

Beverly J. (Leistman) Bartel, BEVERLY J. (LEISTMAN) BARTEL 1/10/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTEL, BARTEL 2225 SW CREEKSIDE DRIVE PALM CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARICO, DIANE 2225 SW CREEKSIDE DR PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS QUINN, LEANNA 1525 S W GADSDAN AVE PT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RALSTON, GILBERT 2225 SW CREEKSIDE DR PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly J. Bartel Pres.  
BEVERLY J. BARTEL

Date

Daytime Phone #

1/10/01

561-223-9340

FILED  
Jan 20, 2001 8:00 am  
Secretary of State

01-20-2001 90017 037 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0564425