

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90010 031 ***150.00

DOCUMENT # P93000073871

1. Entity Name

NATURES' SAFEWAY, INC.

Principal Place of Business

453 22ND AVE SE
 ST PETERSBURG FL 33705
 US

Mailing Address

453 22ND AVE SE
 ST PETERSBURG FL 33705
 US

2. Principal Place of Business

2560 South Shore Dr SE.
 Suite, Apt. #, etc.

3. Mailing Address

2560 South Shore Dr SE
 Suite, Apt. #, etc.

City & State

St. Petersburg
 Zip 33705 Country Pinellas

City & State

St. Petersburg
 Zip 33705 Country Pinellas

4. FEI Number 59-3217638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALKER, MICHAEL J.
 453 22 AVE SE
 ST PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name
 Clarke + Kristen Triplett
 Street Address (P.O. Box Number is Not Acceptable)
 2560 South Shore Dr SE.
 City St. Petersburg FL Zip Code 33705

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 Kristen Triplett 4-25-01
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) **NO**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, MICHAEL J	
STREET ADDRESS	453 22ND AVE SE	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	Walker, Bonnie	
STREET ADDRESS	453 22nd Ave SE	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Triplett, Clarke	
STREET ADDRESS	2560 South Shore Dr. SE	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Triplett, Kristen	
STREET ADDRESS	2560 South Shore Dr. SE	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Kristen Triplett 4-25-01 727-895-8082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)