

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060253

1. Entity Name
NATURE FRIENDLY PRODUCTS, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90118 023 ***150.00

Principal Place of Business
6880 16TH STREET
VERO BEACH FL 32966

Mailing Address
P.O. BOX 1029
VERO BEACH FL 32961-1029

B0098728



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
170 S. Ramona Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 194
Suite, Apt. #, etc.

City & State
Lake Alfred, FL
Zip 33850 Country US

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4. FEI Number 59-3274427
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STINSON, GEORGE S
6880 16TH STREET
VERO BEACH FL 32966

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
170 S. Ramona Ave.
City Lake Alfred FL Zip Code 33850

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD STINSON, GEORGE S 6880 16TH STREET VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS STINSON, GENEVA 6880 16TH STREET VERO BEACH FL 32966	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRANGE, EDWIN 6355 1ST ST. SW VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUTH, GLORIA 1465 REED ST. NW PALM BAY FL	<input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	170 S. Ramona Ave. Lake Alfred, FL 33850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	170 S. Ramona Ave Lake Alfred, FL 33850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: George S. Stinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 863-956-3606

Date

Daytime Phone #

CR2E034 (9/01)