

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074706

1. Entity Name

KOENIG NATURAL HEALTH, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90038 023 ***550.00

Principal Place of Business

1400 GULFSHORE BLVD., #106
NAPLES FL 34103

Mailing Address

1400 GULFSHORE BLVD., #106
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0523701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYES & GALATI, P.A.
790 HARBOUR DRIVE., STE 2B
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Paul C. Nick, CPA

Street Address (P.O. Box Number is Not Acceptable)
2400 Tamiami Trail N. # 303

City Naples

FL

Zip Code
34103

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PSTD
KOENIG, CAROLA
6580 BEACH RESORT DRIVE., #8
NAPLES FL 34114

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1240 Shady Rest
Naples FL 34103

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ 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 REQUIRED CAROLA KOENIG

Date

8-29-00

Daytime Phone #

435-9921

CR2E034 (5/00)