

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

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90111 043 \*\*\*150.00

DOCUMENT # **P95000010576**

1. Entity Name

**The Old Path Natural Herbs, Inc.**

**10057607**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**55 Brent Lane**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pensacola, FL**

City & State

Zip **32503**

Country **USA**

Zip

Country

4. FEI Number

**59-3303593**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Sylvester Jones**

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

**55 Brent Lane**

City **Pensacola,**

**FL** Zip Code **32503**

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 *X Sylvester Jones*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*April 1, 2003*  
DATE

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<b>President, Director</b> <b>Sylvester Jones</b> <b>6345 Antietam Dr.</b> <b>Pensacola, FL 32503</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Delois S. Jones</b> <b>VP, Director</b> <b>6345 Antietam Dr.</b> <b>Pensacola, FL 32503</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Marquis D. Jones</b> <b>6345 Antietam Dr.</b> <b>Pensacola, FL 32503</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Shawndra G. Jones</b> <b>6345 Antietam Dr.</b> <b>Pensacola, FL 32503</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE: *X Sylvester Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X April 1, 2003*  
Date Daytime Phone #

CR2E034B (12/01)