FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2001 8:00 am DOCUMENT # P95000056089 **Secretary of State** 1. Entity Name A WAY OF NATURE, INC. 03-07-2001 90626 038 ***150.00 Principal Place of Business Mailing Address 2036 14TH AVENUE 545 SW RUSTIC CIR **UNIT 100** STUART FL VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0600401 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent ---HUFFMAN, JEAN Street Address (P.O. Box Number is Not Acceptable) 545 SW RUSTIC CIR STUART FL 34997 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ageny signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 ☐ Addition CR2E034 (10/00 TITLE ☐ Delete TITLE Change HUFFMAN, JEAN NAME NAME STREET ADDRESS STREET ADDRESS 545 SW RUSTIC CIR CITY-ST-7IP CITY-ST-7IP STUART FL 34997 TITLE ☐ Delete TITLE Change Addition HUFFMAN, SCOTT NAME NAME STREET ADDRESS 545 SW RUSTIC CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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:

| Signature and type of printed name of signing officer or pirector of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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.