Apr 18, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P95000078127 DOCUMENT # 1. Entity Name NATURAL LIFE COLLECTIONS, INC. Principal Place of Business Mailing Address 1361-B 13TH AVENUE S. 1361-B 13TH AVENUE S. SUITE 10 SHITE 10 JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address 13<u>51 13th Aveni</u> 13th Aveni Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3341788 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGHES, PATRICIA L Street Address (P.O. Box Number is Not Acceptable) 24 LA VISTA DR. PONTE VEDRA BEACH FL 32082 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change HUGHES, PATRICIA L NAME NAME STREET ADDRESS 24 LA VISTA DR. STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP CITY-ST-ZIP Vice president TITLE ☐ Delete TITLE ☐ Change Addition Michael J. Hanna NAME NAME STREET ADORESS STREET ADDRESS 134 36th Avenue S. CITY-ST-7IP Jacksonville Beach, FL 32250 CITY-ST-ZIP TITLE ☐ Delete TITLE vice president of Operations **☒** Addition ☐ Change Gary D. Roha NAME NAME STREET ADDRESS STREET ADDRESS 4118 Richmond Park Dr. CITY-ST-ZIP CITY-ST-ZIP charsonville, FL 32224 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

13. Thereby 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition