2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am DOCUMENT # P96000052956 **Secretary of State** NATURE PLUS ONE INC. 05-02-2001 90132 031 ***150.00 Principal Place of Business Mailing Address 810 - 9TH AVE., S. 810 - 9TH AVE., S. LARGO FL 33770 **LARGO FL 33770** 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 59-3384083 Not Applicable Zip Country Zio 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-SENN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 810 - 9TH AVE., S. LARGO FL 33770 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 Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Change TITLE ☐ Delete TITLE SENN, MICHAEL NAME NAME 810 - 9TH AVE., S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33770** Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 TYPED OF PRINTED WHILE OF SIGNING OFFICER OF DIRECTOR

4/85/01 /227)586 0088

FILED