FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91212 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013194

1. Entity Name
NATURAL SURFACTANT COMPANY, INC.

11005182

Principal Place of Business	Mailing Address
2116 SILVER LEAF COURT LONGWOOD, FL 32779 US	2116 SILVER LEAF COURT LONGWOOD, FL 32779 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
17222 TIFFANY SHORE DR		17222 TIFFANY SHORE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LUTZ, FL		City & State: LUTZ, FL	
Zip: 33549	Country: USA	Zip: 33549	Country: USA

4. FEI Number: 59-3493043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROCOPIO, ROBERT A
2116 SILVER LEAF COURT
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name: SAME NAME
Street Address (P.O. Box Number Is Not Acceptable): 17222 TIFFANY SHORE DR
City: LUTZ FL Zip Code: 33549

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] ROBERT A. PROCOPIO 4/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	SAME	☑ Change ☐ Addition
NAME	PROCOPIO, ROBERT A		NAME	SAME	
STREET ADDRESS	2116 SILVER LEAF COURT		STREET ADDRESS	17222 TIFFANY SHORE DR	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHNIEPP, BARRY P		NAME		
STREET ADDRESS	208 ECHO HOLLOW WAY		STREET ADDRESS		
CITY-ST-ZIP	OVEIDO, FL 32765		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROBERT A. PROCOPIO 4/17/03 813-949-9246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #