2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000042393** Apr 10, 2000 8:00 am Secretary of State PORTOBELLO NATURAL HEALTH, INC. 04-10-2000 90160 014 ***150.00 Principal Place of Business Mailing Address 1973 1ST AVENUE SE 1973 1ST AVENUE SE LARGO FL 33771-2201 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3516588 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required - 7.-Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name SCRUBY, CHRISTOPHER B Street Address (P.O. Box Number is Not Acceptable) 1973 1ST AVENUE SE **LARGO FL 33771** Zip Code FŁ 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Change ☐ Addition ☐ Delete TITLE SCRUBY, CHRISTOPHER B NAME NAME STREET ADDRESS 1973 1ST AVENUE SE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 ☐ Delete TITLE Change ☐ Addition TITLE NAME SCRUBY, LAURA E NAME STREET ADDRESS STREET ADDRESS 1973 1ST AVENUE SE CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-2000/727-588-922 Date Phone #