

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90174 017 ***150.00

DOCUMENT # P98000061307

1. Entity Name
NATURE'S BOTANICALS, INC.

Principal Place of Business

**633 CLEVELAND ST.
CLEARWATER FL 33755**

Mailing Address

**633 CLEVELAND ST.
CLEARWATER FL 33755**

2. Principal Place of Business

2165 Sunnydale Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

M

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

4. FEI Number

59-3521640

Applied For

Not Applicable

Zip

33765

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLMLUND, JIMMY
2264 SEDEEVA ST.
CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name **Holmlund, Jimmy R**

Street Address (P.O. Box Number is Not Acceptable)

311 Cincinnati Pkwy

City **Clearwater**

FL

Zip Code

33765

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 **Jimmy Holmlund** **Jimmy R Holmlund** **4-8-02**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HOLMLUND, SINDI**
STREET ADDRESS **311 CINCINNATI PKWY**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **T** ☐ Delete
NAME **HOLMLUND, JIMMY**
STREET ADDRESS **311 CINCINNATI PKWY**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

4-8-02 727-469-8829

CR2E034 (9/01)