## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000074095 May 16, 2000 8:00 am Secretary of State 1. Entity Name NATURALCO 2 INC. 05-16-2000 90182 011 \*\*\*150.00 Principal Place of Business Mailing Address 677 NORTHWEST 10 COURT 201 N U.S. HIGHWAY 1 **BOCA RATON FL 33486-3450** SUITE H-1 JUPITER FL 33477 **US** 3. Mailing Address 2. Principal Place of Business $&\mathcal{O}$ $\mathcal{O}^{\sim}$ 976313 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0859910 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, CHRISTOPHER A Street Address (P.O. Box Number is Not Acceptable) 677 NW 12TH CT **BOCA RATON FL 33436** Zip Code City 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 Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE ☐ Delete DAVIS, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 677 NORTHWEST 10 COURT CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33486** ☐ Addition ☐ Change ☐ Delete TITLE DAVIS, CHRISTOPHER NAME NAME STREET ADDRESS STREET ADDRESS 677 NORTHWEST 10 COURT CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33486** STD - -☐ Addition. Delete TITLE DAVIS, TRACEY NAME NAME STREET ADDRESS 677 NORTHWEST 10 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ANDRESS 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 OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

561-750-<u>057</u>6

Daytime Phone #