2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # **P99000022990** 1. Fintity Name NATURALLY MADE, INC. 04-02-2001 90096 011 ***158.75 Principal Place of Business Mailing Address 4303 VINELAND RD 4303-VINELAND_RD_ C0033335U -ORLANDO-FL=32811---ORLANDO-FL-32811_ 2. Principal Place of Business 3. Mailing Address 4307 Vineland Rd 4307 Vineland Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE H-11 H- 11 City & State City & State Applied For 4. FEI Number 59-3567333 Orlando. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2811 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLIVER, BOB 4303 VINELAND RD F-6 ORLANDO FL 32811 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) DATE 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, 2001 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 11. OFFICERS AND DIRECTORS 12. OLIVER, Robert N PTD Delete TITLE TITLE 4307 Vineland Rd Suite H-11 NAME NAME OLIVER, ROBERT N STREET ADDRESS STREET ADDRESS 4303 VINELAND RD SUITE F-6 Oclando, FL 32811 CITY-ST-ZIP CITY-ST-ZIP ORLANDO_FL 32811 Delete OLIVER, MOUNTREY O TITLE TITLE VSD 4307 Vineland, Rd Suite H-11 OLIVER, MOUNTREY O NAME NAME STREET ADDRESS STREET ADDRESS 4303 VINELAND RD SUITE F-6 Orlando, FL 32811 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Corporate Secretary