

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-17-2003 90101 004 ***150.00

DOCUMENT # P99000025103

1. Entity Name
NATURE'S CONQUEST, INC.



Principal Place of Business
**9231 SW 136 ST CIRCLE
MIAMI FL 33176**

Mailing Address
**9231 SW 136 ST CIRCLE
MIAMI FL 33176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GRAMMER, EDWIN L~~ **Blue, Ruth**
~~7481 W OAKLAND PK BLVD #102~~ **PO Box 51242**
~~LAUDERHILL FL 33091~~ **MIAMI, FL 33257**
18525 S.W. 89th.

Name **Blue, Ruth**
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 51242
18525 S.W. 89th.
City **MIAMI, FL 33257 FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Beith Blue*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)
DATE *April 3 - 2003*

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BLUE, RUTH 9231 SW 136 ST CIR - PO Box 51242 MIAMI FL 33176 - 33257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beith M. Blue *3/10/05*

Date

Daytime Phone

305-218-9907

CR2E034 (10/02)

Attachment

58028707
P99000025103

Please let me know if this is still not acceptable.

I am in Japan on Medical Eng. for my daughter

Thank You

Ruth Lee

Ref. no P990000 25103

550 E. TIMPANOGOS CIRCLE
BUILDING G
OREM, UT 84057
TAHITIANNONI.COM