2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90136 001 ***150.00
04-19-2000 90136 002 *****8.75

0114

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000098566

1. Entity Name
NATURE'S WAY CENTREPARK, INC.

Principal Place of Business	Mailing Address
~~4415 WESTROADS DRIVE~~ ~~WEST PALM BEACH FL 33407~~	~~4415 WESTROADS DRIVE~~ ~~WEST PALM BEACH FL 33407-1207~~

2. Principal Place of Business	3. Mailing Address
1475 Centrepark Dr.	1475 Centrepark Dr
Suite, Apt. #, etc. #110	Suite, Apt. #, etc. #110
City & State West Palm Bch, FL	City & State West Palm Bch, FL
Zip 33401 Country USA	Zip 33401 Country USA

4. FEI Number 52-2200478 ☐ Applied For ☐ Not Applicable

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
STANTON, MICHELLE M 4415 WESTROADS DRIVE WEST PALM BEACH FL 33407	Name: Michelle Stanton Street Address (P.O. Box Number is Not Acceptable): 1475 Centrepark Dr. City: West Palm Bch, FL FL Zip Code: 33401

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 X Michelle M Stanton — DATE April 13, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michelle Stanton 1475 Centrepark Drive West Palm Beach, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: X Michelle M Stanton — April 13, 2000 — 561 684-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #