

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V32014

FILED
Mar 05, 2003
Secretary of State

Entity Name: NATUREFORM, INC.

Current Principal Place of Business:

925 N OCEAN ST
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

925 N OCEAN ST
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3122219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, J. RICHARD JR
3127 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARREN, HAROLD L.,
Address: 1310 TRADEPORT DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: STD () Delete
Name: WARREN, ELLIS R.,
Address: 925 NORTH OCEAN ST.
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: WARREN, STEVE R.,
Address: 1310 TRADEPORT DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: MAK, TAI
Address: 1310 TRADEPORT DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: STD () Delete
Name: WARREN, ELLIS
Address: 1310 TRADEPORT DRIVE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WARREN, HAROLD L.,
Address: 925 NORTH OCEAN STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: STD (X) Change () Addition
Name: WARREN, ELLIS R.,
Address: 925 NORTH OCEAN ST.
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VD (X) Change () Addition
Name: WARREN, STEVE R.,
Address: 925 NORTH OCEAN STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VD (X) Change () Addition
Name: MAK, TAI
Address: 925 NORTH OCEAN STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: STD (X) Change () Addition
Name: WARREN, ELLIS
Address: 925 NORTH OCEAN STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD L. WARREN

Electronic Signature of Signing Officer or Director

PRES

03/05/2003

_____ Date