

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**  
 03-14-2001 90174 019 \*\*\*150.00

0120634

**DOCUMENT # F52902**  
 1. Entity Name  
**NATURAL TECHNOLOGY HOMES, INC.**

Principal Place of Business <b>58130 MORTON ST          GRASSY KEY FL 33050          US</b>	Mailing Address <b>58130 MORTON ST          GRASSY KEY FL 33050          US</b>
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2. Principal Place of Business <b>212 W. Seaview Dr.</b>	3. Mailing Address <b>212 W. Seaview Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Duck Key, FLA.</b>	City & State <b>Duck Key, FLA.</b>
Zip <b>33050</b>	Country <b>USA</b>



6. Name and Address of Current Registered Agent  
**KELLNER, DENNIS  
 58130 MORTON ST  
 GRASSY KEY FL 33050**

4. FEI Number **59-2144583** Applied For  Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **KELLNER, Dennis (SAME)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**212 W. Seaview Dr.**  
 City **Duck Key** FL Zip Code **33050**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2001 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	<b>P KELLNER, DENNIS 58130 MORTON ST GRASSY KEY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>212 W. Seaview Dr. Duck Key, FLA. 33050</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KELLNER, CANDACE 58130 MORTON ST GRASSY KEY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>212 W. Seaview Dr. Duck Key, FLA. 33050</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Candace Kellner **CANDACE KELLNER** **3-8-01** **305-289-2112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)