2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Secretary of State G14219 DOCUMENT # 1. Entity Name 02-27-2002 90064 018 ***150.00 NATURAL AREAS MANAGEMENT CORPORATION Principal Place of Business Mailing Address 1209 RIDGE ST 1209 RIDGE ST NAPLES FL 34103-4223 NAPLES FL 34103-4223 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. EEI Number 59-2245286 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATTERSON, GARY A Street Address (P.O. Box Number is Not Acceptable) 1209 RIDGE ST NAPLES FL 34103 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition 6) TITLE □ Delete TITLE Change PATTERSON, GARYA NAME NAME 1209 RIDGE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103-4223 CITY-ST-ZIP ☐ Addition TITE F ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP noitibhA 🔲 Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Feb 27, 2002 8:00 am

Attachment Doe# attachment 614219/825333 Please take note of enclosed copy made of first check originally.

Jent (#11071) with U.B.R. report. I do not know why yourdon't have

it, but if it "surfaces" please.

Send back the check. As of this wate,

it has not -1 it has not shown up on cu MAMO Thee Service # 614219/59.2245286

NATURAL AREAS MGMT CORP.

NAMCO TREE SERVICE

GARY A PATTERSON, PRESIDENT

1209 RIDGE STREET, PH. 262-3602

NAPLES, FL 34103

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