

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48808

1. Entity Name

NATURAL FLOORS, INC.

FILED

Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90029 037 ***150.00

Principal Place of Business

15341 DENNIS DRIVE
STE. 2
HUDSON FL 34669
US

Mailing Address

15341 DENNIS DRIVE
STE. 2
HUDSON FL 34669-2001
US

2. Principal Place of Business

7813 SNAPPING TURTLE CT.

Suite, Apt. #, etc.

3. Mailing Address

7813 SNAPPING TURTLE CT.

Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

HUDSON, FL

4. FEI Number

59-2921089

Applied For

Not Applicable

Zip

34667

Country

U.S.

Zip

34667

Country

U.S.

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

MCCABE, ROBERT J.
15341 DENNIS DRIVE
HUDSON FL 34669

Name

Street Address (P.O. Box Number is Not Acceptable)

7813 SNAPPING TURTLE COURT

City HUDSON

FL

Zip Code

34667

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

Robert McCabe

ROBERT MCCABE, PRESIDENT

2-14-00

Signature, typed or printed name of registered agent and title if applicable.

(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, 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCABE, ROBERT J.		NAME	
STREET ADDRESS	15341 DENNIS DR		STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: *Robert McCabe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

727-868-3463

Daytime Phone #