

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 90334 013 ****61.25

DOCUMENT # N02000003949

1. Entity Name

NATURAL TREATMENT OF DISEASES, INC.



Principal Place of Business

**1809 PRECIOUS CIRCLE
APOPKA, FLORIDA 32712**

Mailing Address

**1809 PRECIOUS CIRCLE
APOPKA, FLORIDA 32712**

55042305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

043671199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SORENSEN, RICHARD A MR.
1809 PRECIOUS CIRCLE
APOPKA, FLORIDA FL 32712**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SORENSEN, RICHARD A MR.
1809 PRECIOUS CIRCLE
APOPKA FL 32712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PIERCE, JOHN G ESQUIRE
800 NORTH FERNCREAK AVENUE
ORLANDO FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CRIMENI, RON MR.
6361 230TH STREET
LANGLEY BC V2Y21-2** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THEMY, C. DEAN MR.
4850 SOUTH HIGHLAND CIRCLE
HOLLADAY UT 84117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FISHER, RICHARD MR.
FEDERATED TOWER
PITTSBURGH PA 15222** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRIMENI, RON MR.
6361 230TH STREET
LANGLEY BC V2Y21-2** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 4074647007

Date

Daytime Phone #

CR2E037 (10/02)